

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

**BABY CARE**  
SPECIAL SUPPLEMENT

1 April 1995

**£102,000 bonus for Glasgow pharmacies**

**NI plans to adopt protocols for 1996**

**PAGB and NPA link over display guide**

**Bonny babies bounce into spring**



**YPG conference looks at impact of change**

**Glaxo Wellcome's integration task force**

**Update:** How to make rash decisions

A collection of Vaseline Intensive Care Skin Friendly products, including deodorants and body lotions, displayed against a light background. A woman's arm and shoulder are visible on the right side of the advertisement.

**NO.1 IN HAND AND BODY CARE MOVES INTO DEODORANTS.**

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LEADERS IN PERSONAL CARE

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cetirizine

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difference  
is clear*

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antihistamine  
attacks the misery  
of hayfever fast*

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*The burning*

*The running nose*

*The itchy eyes*

*The constant sneezing*

*The irritation*

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cetirizine

**Prescribing Information:** Each white, oblong, scored, film-coated tablet engraved Y/Y contains 10 mg cetirizine dihydrochloride. **Uses:** Treatment of seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage and administration:** Adults and children aged 12 years and over: One 10 mg tablet daily. In renal insufficiency the dose to 5 mg (1/2 tablet) daily. **Contraindications:** Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **Precautions:** Do not exceed recommended dose, particularly if driving or operating machinery. **Drug interactions:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption. **Side effects:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported. **Pack price:** Pack of 7 tablets = £3.90 **Legal category:** P. **Product Licence Number:** 5221/0001. **Product Licence Holder:** UCB SA Pharmaceutical Sector, Avenue B-1050, Belgium. **Marketed by:** UCB Pharma Limited, Watford, Herts, WD1 1DJ.

Date of preparation - January



This weekend the Pharmacy Support Group has called a meeting of contractors at short notice. Chairman Hemant Patel expects 250-300 contractors at the Society's Lambeth HQ to debate, variously: the 1995-96 pay offer for England and Wales and its proposed 1,300 scripts a month practice allowance threshold; the dismantling of the NHS; and inter-disciplinary co-operation. Representatives of the nursing profession will be present to state their pay case, including concerns about devolvement of 2 per cent of their current pay offer to local negotiation. The Pharmaceutical Services Negotiating Committee and the Society's Council will be represented, though no one from the National Pharmaceutical Association will be there officially — the NPA may feel that David Sharpe, both PSNC chairman and NPA board member, can put its case.

It is sad the PSG feels it necessary to call such a meeting, and in such haste. Is it indicative of the frustration of the profession with its lot and its leaders? The barometer will be the attendance at the meeting, the content of the debate and the substance of resolutions taken. Are the three main pharmacy bodies really pulling together to marry professional services to public need, ensuring that appropriate professional and commercial rewards are forthcoming, or are sectional interests within the pharmacy businesses preventing that?

Well over 20 per cent of the 1995-96 global sum will be distributed through the practice allowance, rather than through fees; as such it is a prime target for local devolvement through FHSAs. Perhaps PSNC is asking just what the DoH has in its mind locally in this pay round (see **Comment**, March 11)? Although judging by David Sharpe's comments at a recent dinner, the local purchasing of pharmacy services is the way ahead ...

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# CHEMIST & DRUGGIST

THE WEEKLY FOR PHARMACY

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**un**

A United Newspapers publication



# Glasgow secures £102,000 for primary care projects

Glasgow pharmacists have secured £102,000 from the Scottish Office's Primary Care Development Fund to support six pharmaceutical projects.

The schemes, to be developed with the support of the Greater Glasgow Pharmacy Practice Unit, will run for a maximum of 18 months. The bulk of the funding, £64,625, is devoted to the development of a community pharmacist-initiated strategy to improve the quality of repeat prescribing.

Project initiator and community pharmacist Clare Mackie likens the pilot to 'loading' and 'maintenance' doses. The first 'loading' dose involves one of two project pharmacists examining the repeat prescribing systems in six GP practices, accompanied by two local pharmacists. They will develop one of three models which require pharmacists to run medication review clinics for an expected one afternoon per week — the 'maintenance' dose.

Participating pharmacists will receive clinical training from Ms

Mackie and will be paid a session fee per clinic.

Although scheduled to run for one year, Ms Mackie is hopeful that "if we can show it improves the quality of prescribing, is cost-effective and reduces wastage, we can apply for further primary care funding".

A second successful bid has secured £26,000 for GP clinical pharmacy advisor Angela Timoney to develop prescribing guidelines for enteral nutrition products as a response to a 17.5 per cent rise in the cost of oral nutrition prescribing in Glasgow in the past year. "We have got to explain this rise. We are trying to research what's happening, rather than relying on anecdotal evidence," says Ms Timoney.

The project will employ a dietician to examine whether nutritional support is necessary for patients currently receiving prescriptions and to develop guidelines on what products should be used. The project will start in May and run for a year.

Other successful bids are:

- Elizabeth Roddick receives £4,500 to evaluate a smoking cessation programme through six pharmacies, using carbon monoxide monitors. The scheme will run for three months

- Marie Byatt gets £3,000 to educate schoolteachers about asthma and inhaler techniques. Ms Byatt will also develop standards which should be adopted for medicines in school

- Gillian Lindsay has £3,000 to implement and evaluate a health promotion training programme for counter assistants. The six-month project will begin in the summer

- Ian Caldwell gets £1,200 to establish special documentation to improve communication over oxygen therapy following hospital discharge

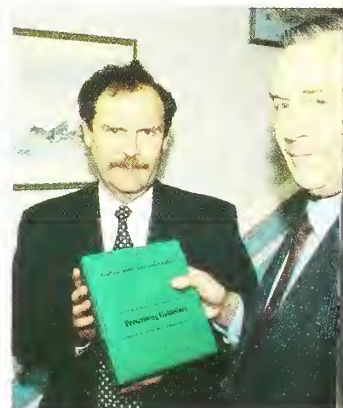
- Greater Glasgow Health Board has announced the successful candidates for the city's five part-time pharmacy health promotion facilitators: Norma Choat, Nancy Conway, Colin Fergusson, Elizabeth Grant and Isobel Kinghorn.

## E Sussex looks into prescribing

Community pharmacists' role in repeat prescribing is being examined by East Sussex Family Health Services Authority as part of forthcoming repeat prescribing guidelines.

Prompted by an estimated £800,000 per annum waste medicines bill, this is to be added to a new FHSA prescribing guidelines document, held below by East Sussex FHSA medical adviser and director of service development Dr John de Bene and GP Dr David Ross.

Currently covering the gastrointestinal system, infections and musculoskeletal and joint disease, the guidelines will also cover the cardiovascular, respiratory, central nervous and endocrine systems, obstetrics and gynaecology, eye, ear, nose and oropharynx, and skin. The repeat prescribing guidelines will reflect findings from a one-year, £85,000 (maximum) repeat prescribing project, one of 17 successful bids for the £1 million Department of Health prescribing fund.



Dr de Bene (left) and Dr Ross

## PSG rally attracts nurses and midwives

Representatives from the nursing and midwifery professions, Pharmaceutical Services Negotiating Committee and the RPSGB Council are to attend the Pharmacy Support Group's contractor meeting tomorrow (Sunday).

The NPA will not be specifically represented, saying that "the appropriate channel of communication with the Department over remuneration is through the PSNC".

Buses to the 2.00pm meeting on April 2, at the Society's London headquarters, are running from Birmingham (tel: 01905 795618) and Leicestershire (tel: 01530 510520). Due to the London Marathon, meeting attendees should seek travel advice.

The Pharmacy Support Group is also planning to distribute action packs at the meeting and run 'visible' and 'silent' campaigns. Visible action includes distributing consumer postcards and petitions; the 'silent' campaign will involve Government lobbying.

## No changeover for FP10s?

The Pharmaceutical Services Negotiating Committee is calling "quite unacceptable" a circular to contractors which states that, after April 1, pharmacists should not dispense items on old-style FP10s.

PSNC understands that the circular, FPN690, believed to have been sent to contractors on Wednesday, will shortly be backed up by draft guidance.

Responding in a letter to the Department, PSNC secretary Stephen Axon outlines the Committee's concerns, namely that:

- old-style forms are valid unless determined otherwise by the regulations

- the unqualified statement will require patients presenting with an old-style FP10 to return to their GP for a replacement.

It is also feared that, if left unchallenged, the guidance could result in contractors being denied payment for dispensing items on invalid forms, although the PSNC "understands that the Prescription Pricing Authority also thinks

that old-style forms should be dispensed", says PSNC's Dr Gordon Geddes.

PSNC, which admits that such a 'cut-off' has been a possibility from the beginning, is adamant that a satisfactory changeover arrangement will be reached.

Otherwise PSNC "will take appropriate steps", says Dr Geddes.

Andrew Taylor, chairman of the Scottish Pharmaceutical General Council, notes that similar guidance has been circulated in Scotland.

As C&D went to press, Mr Taylor said: "We are in urgent discussions with the Department as we recognise that there may be some difficulties and that old-style prescription forms may be presented after April 1. We are hoping to be able to get this issue resolved."

PSNC is also supporting GPs' proposals that prescription forms may be 'struck' through and treated as exempt, when a patient refuses, or is unable, to sign the prescription or pay the charge.

## BPC call for papers

The 132nd British Pharmaceutical Conference will take place in Warwick from September 15-18.

Contributions are invited for the pharmacy practice research sessions to be held on Saturday and Sunday, September 16-17.

The sessions will give the opportunity to convey the results of original work relating to any aspect of pharmacy practice. The research should have a practical relevance and application to the social, economic, scientific, technological, public health, operational or clinical aspects of pharmacy.

Contributors should contact Sylvia King at the RPSGB (tel: 0171 735 9141 ext 276).

The closing date is April 21.





## Kirklees to count condom interest

Kirklees' pharmacists are to be canvassed for their views on condom dispensing through community pharmacies.

West Yorkshire Health Authority operated a six-month condom dispensing scheme for young people via 31 Kirklees' pharmacies, finishing at the end of February. Vouchers entitling teenagers to a free pack of three condoms were distributed through youth workers and 'cashed' at participating pharmacies. A \$0.60 handling fee was given to pharmacists for each pack dispensed.

The HA expects to have results at the start of April.

## CPG unveils its 15-year mission

The Community Pharmacists' Group has revealed its prototype mission statement at the Young Pharmacists' Group's Scottish regional conference held recently in Edinburgh.

The CPG is aiming for a 15-year strategy, but to see it bearing fruit will require the input of grass-roots community pharmacists, says CPG and YPG member Mark Koziol.

The prototype statement, which has yet to go to the Royal Pharmaceutical Society's Council for approval, vows: "The mission of community pharmacy is to provide a total pharmaceutical service, to high professional standards, that is convenient, reliable and consistent, and that meets or exceeds the changing expectations of customers."

Nicola Gray, vice chairman of the CPG and YPG chairman, says the group's short-term aims are to encourage unity and morale.

Full conference report on p546.

## NI protocols in from January, 1996

The Council of the Pharmaceutical Society of Northern Ireland has recommended at its March meeting that from January 1, 1996, there should be written protocols in each pharmacy covering the procedures to be followed in that pharmacy when a medicine is supplied or advice on treatment of a medical condition is sought.

Consideration was given to the recent introduction of protocols for the sale of OTC medicines in Great Britain and to the proposal that similar steps should be taken to introduce protocols in Northern Ireland.

There was general agreement that the public should have easy access to safe and effective medicines and that protocols would help to formalise the present situation.

PSNI is recommending the following statement as Council policy on the sales of sugar leaved confectionery: "Pharm-

acists should not encourage sales of ordinary confectionery by impulse at the till point, at the medicines counter or at the place in the pharmacy where professional advice is given."

The objective of this initiative is not to stop pharmacies selling confectionery, said Council, and it is accepted that a number of 'parapharmaceuticals' are sold for the treatment of minor symptoms. The objective is to stop sales created mainly by children at the check-out.

It is understood that the Northern Ireland campaign to 'Chuck sweets off the check-out' intends to turn its attention to community pharmacies.

The public relations committee is to organise a press launch on Monday, June 19, 1995, at the Society's house. It is hoped that the health spokesmen of several of the local political parties will attend.

The Department of Health and

Social Services (Northern Ireland) has made the required financial contribution for the incoming year to the Pharmacy Healthcare Scheme.

Council also approved the following applications for registration: Claire Hughes, Portstewart; Kieran Allsop, Carrickfergus; Laura Chambers, Lisburn; Catherine Crawford, Dungiven; Damien Gormley, Pomeroy; Claire Hannah, Downpatrick; Cathy Henning, Newry; Anita McKenna, Omagh; Thomas Maher, Duleek; Helen Millar, Bangor; Jayne Reid, Caledon; Gillian McDevitte, Newtonabbey; and Stephanie Scullion, Ballymena.

Queens University, Belfast, is developing a distance learning course in veterinary pharmacy. The course is aimed at instructing registered pharmacists in the area of pet medicines. It is hoped that both the PSNI and the Royal Pharmaceutical Society will be able to accredit the course.

## Eczema courses for pharmacists

The National Eczema Society is developing eczema training for community pharmacists funded by the Department of Health and Whitehall Laboratories.

In the two and a half-hour evening sessions, a consultant dermatologist will talk about the different types of eczema and their medical and non-medical management. People with eczema and their carers will also take part and there will be case history discussions. Pharmacists will be able to examine closely the products used in

treating the condition.

Three pilot workshops are planned: in Stratford-on-Avon (Shakespeare Hotel) on May 31; Leeds (Jarvis Parkway Hotel) on June 13; and Reading (Forte Posthouse) on June 15. If successful and funds are available, the workshops will be extended throughout the UK this autumn.

Details are available from Christine Hay, national training and education manager at the National Eczema Society (0171 388 5651), or Stratford, Leeds and Reading CPPE tutors.

## North West expands audit

Increased local uptake of audit and the merging of the Mersey region and the former North West region health authorities has prompted the new North West Region Health Authority to advertise for up to ten additional community pharmacy audit facilitators.

Personnel for part-time posts, funded for one year by an £80,000 plus RHA budget, are being sought for health commissions in Manchester, Bolton/Wigan, Salford/Trafford, Tameside/Oldham, Bury/Rochdale, Wirral and Stock-

port. Remuneration is \$11.25 per hour plus travelling expenses. Facilitator posts may also be available in Lancashire.

The new positions build on the seven facilitators appointed early last year and reflect the early success of audit in the region.

Says Peter Rowe, North West RHA pharmaceutical adviser: "We have advisory groups in St Helens & Knowsley (C&D March 18, p426), which bring GPs and pharmacists together, and in Sefton 80-90 per cent of pharmacies have been visited."



Anti-fungal	Anti-diarrheal	Laxatives	Eye Care	Analgesics	Cough	Cold	Ear Care		
Acre	Skin Treatment	Cold Sores	Analgesics	Cough	Sore Throat				
Anti-fungal	Anti-diarrheal	Cough	Smoking	Analgesics	Cough	Indigestion	Hay-fever		

Fill

3m Counter

## CHEMIST &amp; DRUGGIST 1 APRIL 1995



## N IRELAND NOTEBOOK

## Audit in orbit

I am not opposed to professional audit and feel that it could be a useful tool in improving the performance of my business generally. I have grasped the basic concepts and appreciate the logic of how such a programme contributes to continually improving a service. But I have great difficulty seeing how it can be applied practically to the practice of community pharmacy.

Pharmacy's interest in professional audit, like the other health professions, is being spurred on by injections of money from Government. The Conservatives, obsessed with applying business principles to the health service, view professional audit as a means of ensuring value for money. They are no longer willing to allow the professions their monopolies unless they are deserved. To do this they need to examine the way the professionals provide their services to society. In audit-speak they wish to make explicit what has, up to now, been implicit.

## NEW STANDARDS

This will involve documenting the structures, the processes and the outcomes that are involved when a professional person performs his or her role. It also involves setting standards to be achieved in that performance.

For pharmacy, professional audit works when it considers aspects of our practice where minimum standards are defined by law, by the terms of service or by our Code of Ethics. It becomes more difficult when someone attempts to apply it to new areas of practice, since a process will not have been clearly defined, such as with health promotion.

Apart from having difficulty deciding how to audit my activities, I find the time to make records excessive. Those involved in promoting audit clearly do not work in a pharmacy. There is little enough time to do the work that is required let alone add more on top. I can just see it: "Tell Mrs Jones I have no time to give her advice on her medicines. I am doing an audit!"

I went to the meeting on audit, organised by the Centre for Postgraduate Pharmacy Education and Training, in the hope that it would allay my concerns. It only added more. Audit is being elevated to the realms of academia. Can no one bring it back down to earth where real pharmacists work?

*Written by a practising Northern Ireland community pharmacist.*

## Stoking PPA's tender, green plant ...

I was pleased to see that the Prescription Pricing Authority's in-house Prescription Processing Service is now the only remaining candidate for the tender of its data capture services (*C&D* March 18, p485). I admit to being a little green as to the machinations of the Government's privatisation plans for the PPA, but I would like to see all their services retained in-house.

Sometimes I may rant and rave when I receive back for elucidation a prescription which, to clarify, requires little other than common sense, but also, I understand that the activities of the PPA are totally governed by the rules agreed between the Pharmaceutical Services Negotiating Committee and the Department of Health.

On the other hand, in my dealings with PPA staff I have always found them sympathetic and as helpful as they can be within the constraints of these agreed rules — but I suspect that if pricing services are privatised to outside contractors, then these good relations will suffer.

I hope in-house bids continue to be successful and that, in the future, the PPA's supervisors are allowed the degree of flexibility which would allow so many endorsing problems to be resolved without having to return scripts for endorsements to prescribers who themselves are incredulous at the involved bureaucracy.

## Value of the local touch

As a long-established independent, local pharmacy, I have always prided myself on attracting the most charismatic of clients. They are representative of all social classes, but possess in common a character that demands an attention to their needs that no multiple,

## Topical Reflections



## The march of PMRs and generics, by default

I was pleased to read that, as from April 1, it will be a requirement of reimbursement that all new GP-purchased computers shall include a generic default facility (*C&D* March 18, p514). Also, from a similar date — and if the DoH has its way — the introduction of a much-enhanced pharmacy practice allowance will include a requirement for the maintenance of patient medication records, with annual computer maintenance payments now being included in this amount.

It is virtually certain that all future PMR systems will be computerised, so flowing naturally from this proposal must be the eventual use of patient-held smart cards, and the introduction of pharmacy repeat prescribing systems. This is an exciting concept but, in order to be effective, compatibility must be established across all primary care computer systems.

The inclusion of PMRs in the new practice allowance will ensure their universal use within pharmacy, but before they become mandatory, PSNC must ensure reimbursement payments are similarly organised to those already present for GPs. By its latest action the Department has, *de facto*, accepted that pharmacy computers are as necessary to pharmacy practice as they are for GPs. Therefore, it must follow that similar reimbursement arrangements should apply.

however good its staff training, can provide. I call it the personal touch, and refer to them as eccentric.

Recently, another local independent colleague retired, and his business has become yet one more statistic in the march of the multiple. Suddenly I seem to be inundated with a new batch of eccentrics. Now, his shop was a fair distance away, but the faceless conformity of their new-look local pharmacy obviously no longer suits, and they have come round to me as the next best choice!

Dotty always said I was vain, because I thought I already served the majority of these local characters, so I was surprised at the size of my inheritance. Never one to look a gift horse in the mouth, I have settled down to accommodating their various requirements. I was sad that my gain was at the expense of an independent lost, but it has restored my faith in the ranks of the discerning who, despite my grumbles at their foibles, continue to thrive and provide me with good business.



# MEDICALmatters

## Ritalin now CD(Sch2)

With effect from April 3, Ritalin (methylphenidate hydrochloride) 10mg tablets will change category from named patient basis to a Schedule 2 Controlled Drug available from wholesalers. The basic NHS price for 30 tablets is £5.06.

**Ciba Pharmaceuticals. Tel: 01403 272827.**

## Piriton Syrup price

The basic NHS price of Piriton Syrup (chlorpheniramine maleate 4mg/10ml) 150ml is £1.42 with effect from April 1.

**Allen & Hanburys Ltd. Tel: 0181 990 9888.**

## PSNC news

PSNC advises that there is as yet no official non-proprietary name for Airomir CFC-free inhaler containing salbutamol sulphate. Orders for 'salbutamol sulphate inhaler CFC-free' or 'salbutamol inhaler CFC-free' may be met by dispensing Airomir. Pharmacists are advised to endorse 'Airomir' against such orders. It may not be dispensed against an order for salbutamol inhaler as salbutamol sulphate is not included in the BP monograph.

## Innohep for DVT

Innohep (tinzaparin), a low molecular weight heparin may now be prescribed for the treatment of deep vein thrombosis. It is administered as a once daily, subcutaneous injection without the need for laboratory monitoring.

**Leo Laboratories Ltd. Tel: 01844 347333.**

## Baltar Shampoo

The 225ml pack of Baltar Shampoo is being replaced by a 200ml size, with a basic NHS price of £2.28 and a retail price of £4.02. The company will also be phasing out the 500ml bottles.

**Merck Dermatology. Tel: 01895 452200.**

## Urispas tablets 100mg

Roche has discontinued Urispas tablets 100mg x 500.

**Roche Products Ltd. Tel: 01707 366000.**

## Zero Discount

PSNC says that Metrodin, Pergonal and Saizen are classed as ZD items from March 1.

## New hope for low-weight babies

Mothers who smoke during pregnancy usually deliver babies that are significantly smaller than non-smoking mothers. However, it appears that this deficit is overcome by six months of age if smoking during pregnancy is not associated with other unfavourable variables, such as lower socioeconomic class.

A study, published in the *British Medical Journal*, reports that, compared to the children of non-smokers, the birth weights of children born to mothers who smoked up to nine cigarettes a day were 88g (girls) and 107g

(boys) lower; in children born to mothers who smoked ten or more cigarettes a day weights were 168g and 247g lower.

After six months, for the former group the mean weight for girls was 9g higher and for boys was 64g lower than that of children born to mothers who did not smoke. The corresponding figures for the latter group were 28g lower for girls and 24g lower for boys. The authors concluded that rate of growth from birth to six months is higher in babies born to smoking mothers and weight recovery was faster in girls.

This study was carried out in Italy where smoking patterns are very different from the UK. In the 1970s in Italy, the highest prevalence of smoking was in women with a high-school diploma or university degree.

This was reflected in the study sample where smoking habit was more common in the upper classes and the percentage of heavy smokers was independent of the socioeconomic class. In the UK, on the other hand, cigarette smoking is becoming increasingly a habit of the less advantaged classes.

## Pill has no effect on weight or fat distribution

The use of low-dose oestrogen oral contraception is not associated with significant changes in weight, fat distribution and body composition, concludes a report in the American Society for Reproductive Medicines' *Fertility and Sterility*.

A group of young women taking a low-dose Pill (30mcg ethinyl oestradiol and 75mcg gestodene) were matched with a similar group of non-users. After six months there were no significant differences in baseline BMI, fat percentage, water percentage and waist to hip ratio in the two groups. Similar percentages in both groups put on weight because of non-abdominal fat accumulation or had weight

losses that were not associated with significant change in body composition.

These results contradict previous reports which suggested an increase in fat deposition in the breasts, hips and thighs as a common side-effect of oral contraception use, due to the oestrogenic component.

Weight gain is one of the most common reasons given by young women for not wanting to use oral contraception and some women using the Pill report sensations of weight gain and bloating. The authors say their results should be reassuring to women using the Pill, particularly late adolescents and young adults who are very concerned about body weight.

## Diagnosing coronary artery disease

Genesia, the biopharmaceutical company, is launching a new system to diagnose and evaluate coronary artery disease.

The Genesia system uses arbutamine, a new synthetic catecholamine, to simulate the effects of exercise on the heart, enabling doctors to assess the extent of cardiac damage. It offers an alternative to exercise testing in the 30 per cent of patients who cannot exercise adequately on treadmills or cycles usually used.

The drug is given intravenously through a computer-controlled device which automatically monitors the patient's heart rate and blood pressure. It was designed specifically for pharmacological stress testing as it increases both heart rate and blood pressure and more closely mimics the effects of exercise by inducing myocardial ischaemia.

## Asthma overview from DoH reveals prescription rise

The number of prescriptions for asthma has increased by more than three-quarters in the last ten years and now accounts for about 10 per cent of all NHS prescription costs, according to a new report published by the Department of Health.

'Asthma: an epidemiological overview' was produced by the Central Health Monitoring Unit and is said to be one of the most comprehensive statistical studies

yet carried out on the subject.

It found that asthma severe enough to need regular medical supervision occurs in around 4 per cent of adults and 4-6 per cent of children. Asthma tends to be more common among boys than girls, but levels out in adulthood.

In 1992, there were more than 1,600 asthma deaths in England.

● 'Asthma: an epidemiological overview' (£11) is available from HMSO (ISBN 0-11-321897-4).

## AAH updates Healthcare Book

AAH Pharmaceuticals has updated its 'Healthcare Book', which was last issued five years ago. The new version contains more than 200 pages of information on the company's Healthcare Centre range of 6,000 Drug Tariff and surgical sundry products, order codes, pack sizes and prices. It also highlights which items are prescribable on FP10 — a feature introduced in direct response to customer suggestions.

The catalogue is free to all AAH Pharmaceuticals' customers.





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\*research: Full Circle Marketing, February 1995.



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WE'RE ALWAYS THERE,  
WE ALWAYS CARE



# Introducing the only metered dose inhaler that meets today's mandate.



The manufacture of aerosol inhalers containing chlorofluorocarbons (CFCs) is likely to be banned in the future, to comply with the Montreal Protocol, a world mandate to protect our environment.


New Airomir inhaler is the first ever CFC-free metered dose inhaler for asthma – and the only metered dose aerosol inhaler to meet this important initiative.

Airomir inhaler delivers salbutamol sulphate, and has comparable efficacy and safety to the brand leading CFC-salbutamol inhaler<sup>1-3</sup> – at a comparable price.<sup>4</sup>

Switch your asthmatics to Airomir inhaler today, and help make a world of difference.

## New **Airomir™** (salbutamol sulphate inhaler)

The world's first CFC-free metered dose inhaler for asthma therapy

CFC FREE SYSTEM 

**ABBREVIATED PRESCRIBING INFORMATION:** **Presentation:** A pressurised inhalation aerosol delivering Salbutamol Sulphate Ph Eur equivalent to salbutamol 100 mcg into the mouthpiece of the adaptor. Airomir inhaler contains a new propellant, HFA-134a, and does not contain chlorofluorocarbons (CFCs). **Indications:** For the treatment of reversible airways obstruction associated with asthma, chronic bronchitis or emphysema. It may also be used prophylactically for the treatment of exercise induced asthma. **Dosage:** *Adults and elderly:* One or two inhalations as a single dose for the relief of reversible airways obstruction associated with asthma, bronchitis or emphysema. For the prevention of exercise induced asthma, two inhalations prior to exercising. *Children:* One inhalation for the relief of asthma, increasing to two as a single dose if necessary. One inhalation prior to exercise, increasing to two if necessary. Maximum dose for all patients – eight inhalations in 24 hours. **Contra-indications:** Hypersensitivity to salbutamol or any of the inactive ingredients in the Airomir inhaler. It should not be used in the management of premature labour and threatened abortion. **Precautions:** Administer cautiously to patients with thyrotoxicosis. Potentially serious hypokalaemia has been reported in patients taking beta-2 agonist therapy. Patients should be advised to seek medical advice if treatment ceases to be effective and/or their asthma seems to be worsening. Patients should not increase the dose without seeking

medical advice. Salbutamol and non-selective beta-blockers should not usually be prescribed together. **Side-effects:** Mild tremor, headache, tachycardia, palpitations, transient muscle cramps. Paradoxical bronchospasm and potentially serious hypokalaemia have been reported in patients taking beta-2 agonists. **Pregnancy:** There is no experience of Airomir inhaler in human pregnancy. The safe use of salbutamol during pregnancy has not been established but it has been in widespread use for many years without apparent ill consequence. Studies of propellant HFA-134a in pregnant rats or rabbits have not shown any special hazard. **Lactation:** It is not known whether salbutamol or propellant HFA-134a are distributed into human breast milk. **Pharmaceutical precautions:** Store below 30°C protected from frost and direct sunlight. As the vial is pressurised no attempt should be made to puncture it or dispose of it by burning. **Basic NHS price:** £2.30. **Product licence number:** PL0068/0165. **Legal Category:** POM. **Date of preparation:** March 1995. **References:** 1. Data on file, 3M Health Care, Study 1012-SILV. 2. Data on file, 3M Health Care, Study 1037-SILV. 3. Data on file, 3M Health Care, Study 1031-SILV. 4. MIMS March 1995. **Date of preparation of literature:** March 1995. Further information is available from the 3M Health Care Information Scientist. Telephone Loughborough (01509) 611611. Pharmaceutical Division, 3M Health Care, Loughborough, England. 3M and Airomir are trademarks of the 3M Company.



## Major advance for Lil-lets relaunch

Smith & Nephew is hailing its new Lil-lets as a major technological advance. The tampon's shape is now more rounded with the number of folds increasing from four to eight (or ten for super plus). This gives the tampon a larger surface area to allow greater absorption, reliability and a better fit.

New packaging complements the visuals of the Lil-lets applicator tampon launched last

year. A box of 16 regular Lil-lets will retail at \$1.92. Four absorbencies are available (mini, regular, super and super plus), in packs of 10, 16 and 32.

The relaunch is to be supported by a \$5.2 million package which includes an on-pack offer during April and a \$3m advertising campaign which kicks off in May.

**Smith & Nephew Consumer Products Ltd.**  
**Tel: 0121 327 4750.**



## Oral-B on the attack with four new entries to the oral care market

Oral-B is extending its portfolio with four new products.

In response to concerns over the high alcohol content and high acidity in mouthwash products, Oral-B is introducing Tooth and Gum Care Alcohol-Free Dental Rinse.

It contains sodium fluoride to help reduce cavities and CPC which kills plaque and bacteria. It has a fresh mint flavour and retails at £1.99 for 300ml.

In brushes, the brand is introducing the Compact Interdental Brush. It features a 'hinging system' which allows the brush angle to be modified without the need to bend the head to reach difficult interdental spaces. It retails at £2.99.

Oral-B is also relaunching its children's Disney range of toothbrushes and toothpaste. The brushes feature four Disney characters: Mickey, Minnie, Donald and Pluto. Their relaunch will be supported by a consumer 'collector' promotion — in return for four on-pack tokens, consumers can send away for a free Disney lunch bag. Character brushes retail at £1.65.

A new Disney design is being introduced to the company's sugar-free Mint Gel toothpaste. It now comes in a 'stand-up' tube and features Minnie, Mickey, Donald and Pluto on the pack. It retails at £1.79.  
**Oral B Laboratories Ltd.**  
**Tel: 01296 432601.**



## Allergan's night-time refresher

Refresh Night Time from Allergan is designed to mimic the eyes' natural lubricants. Targeted at sufferers of tired, irritated dry eyes, it is

presented in a 5g tube and retails at \$3.45.

Counter display units and leaflets are available.  
**Allergan Ltd. Tel: 01494 444722.**

## Upping national acupressure



Sea Band UK is launching a national education campaign to increase the awareness of acupressure. The campaign breaks at the beginning of April and includes a consumer advice telephone line

(0500 008719) offering leaflets on the subject.

• Sea Band prices change as of May 1, 1995: Sea Band, \$6.99; Head Band, \$9.99; and Isocones, \$6.99.  
**Sea Band UK Ltd. Tel: 01455 611092.**

## Dental push

Seton Healthcare is relaunching Betadine Gargle & Mouthwash with a specific push towards dentists.

Pharmacists are to receive full details of the dentist campaign as well as a copy of a dental journal advertisement.  
**Seton Healthcare. Tel: 0161 652 2222.**

## Letter lift-off

Honeywell has launched a regular newsletter for asthma and allergy sufferers — 'Airlines'.

It supports the recent introduction of the Honeywell Enviracaire range of HEPA filter air cleaners. Copies are available by calling the Honeywell Air Line.  
**Freefone: 0800 345000.**

## 'Top & tail' for top to toe cleaning

Midwives suggest that there is no need to bath a baby every day, that a top and tail wash is usually quite sufficient — hence Johnson & Johnson's latest entry with Top & Tail Wipes, designed to keep babies clean between baths.

The wipes incorporate Johnson's Baby Bath and are mild and gentle in formulation, the company says. They are presented in a blue tub containing 80 wipes, retailing at £2.99, with a refill at £2.65.

J&J is also relaunching its Baby Skincare wipes with a new soft and strong cloth and new cleansing formulation. Presented in pink tubs of 80 wipes, they retail at £3.25 (with a refill pack at £2.89).  
**Johnson & Johnson Ltd.**  
**Tel: 01628 822222.**



## Total brush

The Colgate Precision toothbrush is changing its name to Colgate Total.

The company hopes to capitalise on the strength of the already established Colgate Total toothpaste's name and encourage cross-category purchases.  
**Colgate-Palmolive Ltd.**  
**Tel: 01483 302222.**





## History inspires Woods of Windsor

Woods of Windsor's new body collection is inspired by the past. Two new lines, Glycerine & Rosewater and Cucumber & Cold Cream, are based on old recipes for traditional English skin care.

The ranges comprise: moisturising body gel (body cream in the cucumber variant),

\$5.95; moisturising bath gel (bath cream in cucumber), \$5.95; nourishing massage lotion, \$7.95; moisturising body fragrance, \$7.95; exfoliating shower gel (shower cream in cucumber), \$4.95; and a skin care soap, \$3.25.

**Woods of Windsor Ltd.**  
Tel: 01753 684241.

## Dead Sea deal

A Dead Sea Magik consumer offer is running until the end of June. By buying any two products from the range, a third product is given away free. Consumers have to send Finders two box lids/product labels, plus proof of purchase, together with their choice of free product.

**Finders International Ltd.**  
Tel: 01580 211055.

## Water difference a bag makes!

Travellers may now put the fear of 'Delhi-belly' and the like behind them with the introduction of the Nomad Water Purification range.

Designed for travellers with no access to clean or bottled water, the range comprises: a Millbanks Bag (trade £6.50, rrp £14.99), a natural

filter bag used in the past by the army; Iodine (up to 200 litres, trade £1.25, rrp £2.99) and Iodine & Neutraliser, the neutraliser takes away the taste and discoloration caused by the iodine (trade £2.50, rrp £5.99).

**Nomad Pharmacy Ltd.** Tel: 0181 889 7014.

## Philips update

With 36 new product introductions planned for this year, Philips has introduced a catalogue update.

Included on the personal care side is a new range of Philips beard trimmers, the Satinelle Vitesse epilators and new hair care products.

**Philips Home Appliances Ltd.** Tel: 0181 689 2166.

## Father's Day promotion

To attract new stockists, Fine Fragrances & Cosmetics is offering free stock worth £60 (at retail) with opening orders over £125 wholesale.

Sales are also being encouraged via a special Father's Day gift with purchase promotion: a free Taylor of London anti-perspirant deodorant

(worth £3.95) with every purchase of after shave or cologne.

The sell-in starts from April 1 with deliveries between the dates of May 15-June 12.

● **Father's Day this year is Sunday June 18.**  
**Fine Fragrances & Cosmetics Ltd.** Tel: 0181 979 8156.

## Air support for hair support



Wella is supporting its Silvikrin and Bristows ranges with a "long overdue" \$3.7 million package of TV advertising and in-store support. April 10 sees the start of a \$2.5m national TV campaign with 'Drop the Dead Donkey' star Connie Hyde, highlighting Silvikrin's hold with the catchline: 'Whatever you do, your hair-do doesn't'.

To coincide with the two and a half-month TV campaign, Wella is running a \$1.2m holiday promotion. Two tokens from special packs of Silvikrin mousse and hairspray offer consumers \$100 off 20 tour operators' holidays.

Applications will also be entered into a prize draw offering one all-expenses-paid holiday to one of five exotic locations, every day for 25 days. One holiday will also be offered monthly from July to December.

To encourage trade support, a display competition is offering a similar all-expenses-paid holiday and three runner-up weekend breaks.

**Wella GB.** Tel: 01256 20202.

## Move closer

A \$2 million advertising campaign breaks on April 3 for Soft & Gentle.

The 'Move closer with confidence' campaign runs until mid-June.

In addition, a press campaign along the same theme will run in women's magazines starting in May issues.

**Colgate-Palmolive Ltd.**  
Tel: 01483 302222.

## Baby bonus from Unichem

Unichem is offering up to 25 per cent discount and up to 52 per cent POR on any pack of own-brand baby sundries ordered during April.

The promotion comprises a total of 15 products and includes teats, rattle soothers, bibs, feeding bottles, a bottle brush and a baby sponge.

Unichem is also offering deals this month on: Johnson's range of baby products, Finesse shampoos and conditioners, Pampers carry packs, Kotex towels, TCP liquids, creams and pastilles, and Unichem's own-brand 200 ASA film, plus Vitamin B Complex supplements and Evening Primrose Oil capsules.

**Unichem plc.** Tel: 0181 391 2323.

## Peppermint pampering for feet

Your Body has introduced a new peppermint foot care range.

There are four products in the line-up: foot bath (150ml, £2.70), foot powder (100g, £2.50), foot lotion (150ml, £2.95) and a foot spray

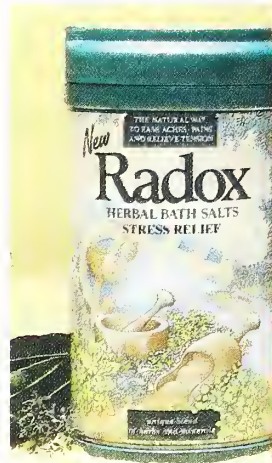
## Stress relief in a bath salt

Sara Lee is introducing a new 'Stress Relief' variant in its Radox Herbal Bath Salts range.

The company hopes it will open up the bath salts market to a new consumer (aged 35-45). Bath salts are traditionally associated with the 50-plus age group.

A 600g pack retails at \$2.09.

**Sara Lee UK Ltd.** Tel: 01753 523971.



## Colgate spring time promotions

Colgate-Palmolive is running a number of promotions across its oral care brands throughout April.

In Barclay Enterprise, Colgate Plax and Colgate Actibrush are on promotion at a 12 for ten price and applies to both the 250ml and 500ml sizes.

Barclay is also offering a 12 for the price of 11 promotion on Colgate Total and Colgate Bicarbonate of Soda Formula toothpaste.

**Colgate-Palmolive Ltd.** Tel: 01483 302222.

(125ml, \$3.90).

● Peppermint is well known for its antiseptic, cooling and pain-relieving action and has been used extensively for thousands of years, says the company.

**Your Body Ltd.** Tel: 0181 808 2662.



# A MINUTE OF YOUR TIME



This is what it takes to dispense a Lennon individually blistered calendar pack with patient information leaflet.

The UK Amendment Regulations (1992) implement European Directive 92/27/EEC which requires new licensed products and those requiring licence renewal since 1 January 1994 to comply with EC labelling and patient information requirements.

## LENNON GENERICS ...

- Save time with easy to dispense calendar packs
- Regular daily deliveries through your wholesaler
- Build the loyalty of your customers, with easy to use packs

The Lennon range is competitively priced and available through appointed wholesalers nationally.

Call our Helpline on **01484 608886** for an explanatory booklet on the EC Directive on labelling and leaflets.

# LENNON

PHARMACEUTICALS

BECAUSE YOUR TIME IS INDISPENSABLE



## Piriton Syrup price

The retail selling price of Piriton Syrup (chlorpheniramine maleate 4mg/10ml) 150ml has been increased from £1.99 to £2.49. Piriton Tablets OTC packs remain unchanged.

**Allen & Hanburys Ltd. Tel: 0181 990 9888**

## Pumice change

Robinson Healthcare is taking over the distribution of Pumice Sponge from Fine Fragrances & Cosmetics. The Rina Ketty Maximum Protection Range is also to be handled by Robinson.

**Robinson Healthcare. Tel: 01246 220022.**

## Better Birley's

Torbet Laboratories has repackaged its Birley's Antacid Powder in purple and yellow.

**Torbet Laboratories Ltd. Tel: 01622 762269.**

## Rimmel blisters

Rimmel has launched into the grocery sector in a new blister card pack presentation. The new look will be available exclusively at selected Tesco, Asda, Co-op, Sava Centre, Budgens and Wilkinsons stores.

**Rimmel International Ltd. Tel: 01233 625076.**

## More Pond's

Elida Gibbs has increased its spend on the launch of the new Pond's Cleansers by £1 million, bringing the total to £4.4m.

**Elida Gibbs Ltd. Tel: 0171 486 1200.**

## Premence on the Tube

Vitabiotics is supporting Premence capsules with a London Underground advertising drive from April, which will target 4,000 poster sites inside tube trains for six weeks.

**Vitabiotics Ltd. Tel: 0181 963 0999.**

## Go, go Ginkgo!

Bioforce has drafted in extra supplies of Ginkgo biloba for immediate delivery to cope with demand.

**Bioforce (UK) Ltd. Tel: 01563 851177.**



## Simple takes on high-tech media

Smith & Nephew is venturing into 'infomercials' as part of a new \$2 million support strategy for Simple skin care.

The campaign also includes three months' terrestrial TV advertising, a print schedule and Centrenet video screens in 30 shopping centres across the country.

Ten different infomercials (lasting three minutes) will air

on satellite channels UK Living and UK Gold from April 3. Each are variations on the make-over showing a beauty consultant advising and demonstrating 'The Simple Programme'. Viewers can order specially produced packs by responding to a Freepost address and phone number given.

**Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.**

## Palmolive Soap promotions

Colgate-Palmolive is offering a four-pack of 125g bars of Palmolive Soap for the price of three.

The promotion is being run throughout April by Barclay Enterprise.  
**Colgate Palmolive Ltd. Tel: 01483 302222.**



## V05 on the box from April

April sees the launch of a new \$1.6 million national TV advertising campaign for Alberto Culver V05.

The 40-second ad features V05 Plus and V05 Styling in a back-to-back sequence. The tagline runs: 'V05

Plus V05 = 10'.

The company says that on-air scheduling will ensure 66 per cent of the target market (women aged 16-34) will view the ad more than three times.  
**Alberto Culver Co UK Ltd. Tel: 01256 57222.**

## Stripping for action

3M Active Strips are hypoallergenic plasters specifically designed to stick to moist skin. The plasters contain a new, long-lasting adhesive which sticks to skin that is sweaty or not entirely dried after washing.

The company is offering a display tray (5 x 45 pack, 5 x strip pack, 20 x 10 pack) at a 10 per cent discount, together with 200 free samples of individual plasters — trade price, \$20.47. The offer runs until May 31.

• 3M has also produced promotional T-shirts and 25 of these are up for grabs to the first readers to write to: *Chemist & Druggist/Active Strips Offer*, 1 Curfew Yard, Thames Street, Windsor, Berkshire SL4 1SN.  
**3M Health Care Ltd. Tel: 01509 613171.**

## A brush with the press

Denroy International is supporting its Denman brushes range with \$50,000 of consumer press advertising.

The double-page spread advertisements will appear in July, October and December.  
**Denroy International Ltd. Tel: 0181 974 6674.**

## Fastaid's cutting edge

Robinson Healthcare is relaunching its Fastaid range with new packaging and a free pair of scissors promotion.

The on-pack promotion applies to both fabric and washproof versions of the dressing strips and will run until May.

The company has also introduced a new improved material for its waterproof and clear plasters, with enhanced adhesion properties and low-allergy adhesive.

Colour-coding makes the different variants identifiable, with red indicating stretch fabric, blue for waterproof and aqua blue for clear. Flashed packs also highlight the new, improved materials.

**Robinson Healthcare. Tel: 01246 220022.**



## ON TV NEXT WEEK

**Alberto V05:** All areas

**Askit Powders:** STV, G, C4

**Dove Bar:** All areas

**Excellence Creme:** All areas except CTV, C4, CAR & GMTV

**Halls Soothers:** All areas

**Movelat:** All areas

**Nice 'N Easy:** All areas except U, Y, CTV, W, GMTV

**Nurofen Cold & Flu:** All areas

**Nurofen Plus:** All areas

**Radox:** All areas

**Soft & Gentle:** All areas

**Zantac 75:** All areas

**GTV** Grampian, **BBorder**, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry



# NOW YOU CAN RECOMMEND NEW RELIEF FOR YOUR CUSTOMERS WHEN PILES FLARE UP

Anusol HC (Hydrocortisone acetate, Benzyl benzoate, Bismuth subgallate, Bismuth oxide, Balsam Peru, Zinc oxide,) is now available for the first time over the counter as Anusol Plus HC.

Hydrocortisone is clinically proven to reduce inflammation and swelling and to ease the pain and discomfort experienced when piles flare up. Anusol Plus HC is the only product with hydrocortisone to treat piles available without prescription.

To help you give your customers the best advice, Warner Wellcome has produced a training booklet for pharmacists and their staff on Anusol Plus HC and its use in piles sufferers. You will receive it personally from your Warner Wellcome representative or copies are available on request.



Anusol Plus HC is also being supported with point-of-sale material, including consumer leaflets. And these leaflets have a special feature. In case the customer is too embarrassed to broach the subject in the pharmacy, the leaflets contain a small slip that can be handed to you to begin the consultation in a non-verbal way.

What's more, to help ensure piles sufferers are aware of Anusol Plus HC and the new relief you can now offer, Warner Wellcome are advertising in women's magazines and national newspapers from May. Stock is available immediately so that you can meet the demand.

Anusol Plus HC is available as ointment and suppositories, only in pharmacies. And Anusol HC is still available on prescription to doctors. For further information, please contact your local Warner Wellcome representative or call (01703) 641400.

*For the first time available without prescription.*

**Anusol Plus HC Essential product information Presentation:** ointment and suppositories. **Active ingredients:** Each 100g of ointment contains: Hydrocortisone Acetate Ph Eur 0.25g, Benzyl Benzoate Ph Eur 1.25g, Bismuth Subgallate 2.25g, Bismuth Oxide 0.875g, Balsam Peru Ph Eur 1.875g, Zinc Oxide Ph Eur 10.75g. Each suppository contains: Hydrocortisone Acetate Ph Eur 10mg, Benzyl Benzoate Ph Eur 33mg, Bismuth Subgallate BP 59mg, Bismuth Oxide 24mg, Balsam Peru Ph Eur 49mg, Zinc Oxide Ph Eur 296mg. **Indications:** Symptomatic relief of internal and external (ointment only) haemorrhoids, pruritus ani. **Dosage:** Ointment: Adult: over 18 years, elderly: Apply sparingly to the affected area at night, in the morning and after each evacuation. Children (under 18 years): not recommended. Suppositories: Adult: over 18 years, elderly: One suppository inserted rectally at night, in the morning and after each evacuation up to a maximum of three a day. Children (under 18 years): not recommended. **Contraindications:** Tubercular, fungal and most viral lesions including herpes simplex, vaccinia and varicella. Sensitivity to any of the constituents. **Warnings and Precautions:** Systemic absorption may occur. Prolonged/excessive use may produce systemic corticosteroid effects. Use for periods longer than seven days is not recommended. Discontinue and advise patient to consult GP if symptoms do not improve or worsen or if rectal bleeding occurs. **Pregnancy:** Use only where no safer alternative (see data sheet). **Side effects:** Rarely sensitivity. Transient burning. **Product licence numbers:** Ointment 0018/0223, Suppositories 0018/0224. **PL Holder:** Parke Davis & Company, Distributed by Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. **RSP (excluding VAT):** Suppositories (12) £3.36, Ointment (15g) £3.11. **Legal category:** P-Pharmacy only. **Date of preparation:** January 1995. Anusol is a Trademark.

**Warner Wellcome**  
CONSUMER HEALTHCARE



# Harrogate fair fares well with visitors

The 40-plus exhibitors participating in the first ever Harrogate Pharmacy Fair were, for the most part, well pleased with the level of attendance and the amount of business done last Sunday.

While the majority of visitors were from along the M62 corridor, one had made his way from Ross-shire. Exhibitors ranged from well known names, such as Seton and Henkel, to those like Les Floriales and Seac, launching new lines to the trade.

Total attendance figures were unavailable as C&D went to press. Visitor research is being conducted to "see where the future for the show lies".

## On guard, Handguard!

Manders International introduced Handguard, a new barrier cream, targeting gardeners and DIY fans.

The company says it forms a non-greasy shield, protecting against ingrained dirt and stains. Manders International Ltd. Tel: 0191 270 0807.



Having seen off the competition with its in-house bid, the Prescription Pricing Authority was keen to show its wares. Proprietor Tom Liptrot (left) from Farsley, Leeds, gets some answers from pharmaceutical division information manager Irene Mason and divisional manager Martin Jenkins

## Taking the pressure out of flying

Seac Direct launched Earplanes and Earfilters at the show.

They are designed to relieve ear discomfort caused by loud noise or pressure changes (as during take-off and landing).

Both Earplanes (rrp £4.95) and Earfilters (rrp \$5.50) are small, pliable, disposable silicone rubber plugs. Both contain Ceramx, a porous-ceramic filter.

Seac Direct (UK) Ltd. Tel: 0114 270 1234.



Chemtec managing director Tim Flanders (right) demonstrates the benefits of EPoS to Barry Taylor of Clayfields Chemist, Stacksteads, Bacup

## Till of the future?

Channel Business Systems has introduced the IPC MPS 328, which is said to bridge the gap between traditional cash registers and the PC-based point of sale terminals.

The IPC MPS 328 comes with software and bar code reader and costs £1,995. It has a hard disk with a capacity for a range of retail applications, including customer display, bar code scanner and built-in card reader. It also has a special version of the company's CHARM PC-Till Manager software.

Other features include a 40-column receipt/journal printer and a six-line display.

Channel Business Systems plc. Tel: 01444 235236.

## LETTERS

## Unichem delivers — not just teething problems?

When is Unichem going to realise that its new distribution method for counter products has been about as successful as the Sinclair C5? In fact, it makes the C5 seem like Concorde.

Deliveries are taking 48 hours instead of 24 as previously. Goods arrive in about three huge green bins containing enough stock to fill about two-thirds of one container. Each bin has a delivery note. In separate folders about five invoices arrive with the price tickets, if you are lucky, on the same day, but usually two days before or after the goods. No one invoice tallies with any one delivery note, so you have to take time to cross-check one against the other and to find the out of stocks (there are

always out of stocks). Then we have to find somewhere to keep these monstrous containers until our next delivery.

Originally I felt that the person responsible for this idiotic system — I use the word 'system' loosely — should be sacked, but this is far too minor a punishment. They should be sent to work in a busy pharmacy for about a fortnight. They would, of course, have to be shown where to find one, as they have obviously never worked in retail or possibly been inside a chemist shop. They then may realise what they have put my staff and myself through over the last couple of months.

If a representative from Unichem, tempted to reply to this letter, tells you that these are simply teething problems, please inform them that the whole thinking behind this system is half-baked and that they should go back to the old-fashioned method of putting the relevant invoice

with the goods in the smallest possible container.

Derek Cane  
London NW5

## The cost of specials: Bradford Royal Infirmary

Can I advise any of your readers who contemplate obtaining specials from hospital sources to first ask the price.

I enclose a copy invoice for a single 30g testosterone cream, ordered in early January from Bradford Royal Infirmary, which has been invoiced at a VAT-inclusive price of £48.70. What is more, although cream (ie oil in water) was ordered, the preparation was made as ointment and labelled testosterone ointment when I received it.

My NHS script had a further (expensive) item on it, and I asked the hospital to invoice by the end of January, so the script was not held back. The invoice has arrived today —

two and a half months after supply of goods. I find the price charged totally exorbitant. Do any readers have similar examples?

D K Rayner  
Bradford

## Has PSNC crossed the credibility threshold?

The Pharmaceutical Services Negotiating Committee has claimed that it will fight on a threshold over 1,000, but is it really fighting it? The new proposed threshold for full practice allowance is 1,800 items a month, not 1,300 or 1,000.

PSNC, to perpetuate a lie, could do well to have the threshold starting at, say, 500 and going up to 5,000, and claim a victory of actually reducing the threshold!

Come on PSNC, we are not mathematical idiots. Fight for the contractors or resign *en masse* like honourable men.

B D Vyas  
London N2





FOR THE RELIEF OF  
BACKACHE, RHEUMATIC  
AND MUSCULAR PAIN,  
SPRAINS AND STRAINS.  
REDUCES SWELLING  
AND INFLAMMATION.

Apply directly  
to the point of pain



Now the painkilling power of Ibuleve is also harnessed in a convenient pump action spray.

New Ibuleve Spray makes it even easier for sufferers of backache, rheumatic and muscular aches, pains and strains to reach those more inaccessible areas.

New Ibuleve Spray. More choice for your customers. More sales for you. More innovation from the brand leader.



**PAIN RELIEF WITHOUT PILLS—FOR THOSE HARD TO REACH AREAS**

Ibuleve Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, W11 1TU. **Active Ingredient:** Ibuprofen. **Directions:** Apply 5 – 10 sprays (1 to 2 ml) and massage into skin over and around the painful site. Wash hands after use. Repeat 3 or 4 times a day. **Indications:** For the relief of backache, rheumatic and muscular aches, pains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult a doctor. Not recommended for children under 14 years. Patients with a history of asthma or aspirin sensitivity should seek medical advice before using IBULEVE SPRAY. Keep away from broken skin, lips and eyes. Not to be used during pregnancy. Contraindications: Known or suspected hypersensitivity to ibuprofen or aspirin. **Children:** Flammable. Do not use if sensitive to any of the ingredients. **FOR EXTERNAL USE ONLY** **Legal category:** P **PL 0173 016** **Packs:** 30 ml RSP £4.99 (VAT included).



# sAlez<sub>n</sub> ClimB<sub>2</sub>



Pharmaton is already the No.2 best selling VMS in pharmacy. And now we're going even further for you and your customers:

- Major new £1½ m National Press campaign.
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nausea, vomiting, diarrhoea, abdominal pain, haematemesis, bleeding, lethargy and circulatory collapse. Hyperglycaemic metabolic acidosis may also occur. **Pharmaceutical Price:** Store below 25°C in a dry place. Legal category: P. Pack price: 30 capsules £8.49; 100 capsules £21.00. Product Number: 0485/5000R. Product Licence Holder: Pharm PO Box 6903, Lugano, Switzerland. Distributor: Healthcare Ltd, Ellesfield Avenue, Bracknell, Berkshire RG4



# PHARMACYupdate

## Home nutrition

The impact of care in the community means more nutritional support I

## Skin complaints

A C&D guide to the skin conditions the pharmacist is most likely to see IV

## Pharmacy strategy

How do you begin to take the profession forward — Arthur Williams explains VI

# Food for thought

**More patients than ever are undertaking supplemental feeding at home, explains Threasa Ferrie BSc SRD, dietician at the Royal Infirmary, Edinburgh**

The relationship between poor nutritional status and morbidity and mortality has been recognised by health professionals for many years<sup>1</sup>.

However, the trend in reduced hospital stay, the transfer of funds into the community and the fact that a high percentage of patients are already malnourished is indicative of the increasing role of nutritional support in the community.

Nutrition support involves:

- the provision of supplementary energy and/or protein to those who cannot meet their requirements due to reduced appetite or increased requirements. Supplementary nutrients can be given orally or via an enteral feeding tube
- the provision of total nutrient requirements via an enteral feeding tube
- the infusion of nutrients parenterally via a central or peripheral feeding line.

It is difficult to categorise those who require nutrition support since they represent an extremely diffuse group (Table 1). They may require some form of nutritional support on a temporary basis, or they may be dependent on nutrition support permanently, or progress from one form of nutrition support to another.

## Nutrition support

The range of products now available to those who require nutritional support is quite



Picture courtesy of Fresenius

### Patient using a home feeding pump

staggering and represents the industry's response to a growth area. Dietary supplements are available across the counter in most, if not all, pharmacies. These include Complan, Build Up, Sanatogen and own-label.

All provide supplementary energy and protein to the diet in similar quantities and come in a variety of sweet and savoury drinks. From an economic point of view, Complan is made up with water as opposed to milk and offers value for money and

may also be the choice of those who dislike milk.

None of these products is designed to provide complete nutrients but they offer a supplement to those with a reduced appetite or weight loss due to illness.

They are not suitable for those where appetite is such that they represent the sole nutrient intake or where symptoms suggestive of malabsorption exist. Such individuals should consult their doctor. In those with dysphagia or malabsorption

medical advice and investigation is recommended.

## Prescribable options

Products may be prescribed for a number of conditions including: short-bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, treatment of inflammatory bowel disease, treatment following total gastrectomy, dysphagia, bowel fistulas, disease-related malnutrition, continuous ambulatory peritoneal dialysis and haemodialysis.

In general, products can be grouped as follows:

- sip feeds, fortified puddings
- energy supplements
- protein supplements
- complete whole protein feeds, either oral or enteral
- complete elemental and semi-elemental feeds
- specialised feeds or disease specific feeds.

Tables 2 and 3 list some products available under these categories.

## Sip feeds

Sip feeds are most commonly used to supplement oral intake where appetite is diminished and/or where requirements are increased. Some sip feeds are nutritionally complete in a given volume and are suitable as a sole source of nutrition.

Products are chosen on an individual basis. Taste preference is probably the most important factor when choosing a supplement for an individual.

Where appetite is compromised, the provision of maximum nutrition in the smallest possible volume is preferable. It is usually good policy to choose an energy dense (1.5 kcal/ml) product

Continued on p11



Continued from p1

such as Entera, Ensure Plus or Fortisip. Energy dense supplements are also useful for patients on fluid restriction, eg in renal disease.

For those who dislike the 'milk type' supplements there are suitable alternatives, such as Provide and Fortijuice, which taste more like fruit juice than a milkshake. Similar in taste, these products differ in nutrient content.

As well as supplements in the form of drinks a number of companies now produce desserts which are enriched with energy and protein, a useful alternative for those who dislike drinks. They can be used in dysphagic patients who find a semi-solid consistency easier to control than liquid.

When making up a prescription for any supplement which comes in a variety of flavours it is useful to establish individual preferences and where possible to ask the supplier for cases of mixed flavours. If the GP writes a prescription for assorted flavours, or does not specify flavour, the pharmacist can claim a separate fee for every flavour supplied.

## Energy supplements

In some circumstances it may be necessary to supplement energy intake without increasing protein intake, for example in renal disease.

Energy intake can be supplemented by either carbohydrate or fat-based products (see Table 2).

● Products supplying energy from carbohydrate:

— drinks, eg Hycal, Fortical  
— powder, eg Maxijul. This product is flavourless and can be added to drinks, soups and puddings, and are often used as an adjunct to supplementary drinks.

All carbohydrate-based products should be used with caution in diabetics.

● Products supplying energy from fat:

— provide additional energy in a very small volume  
— provide fat in the form of medium chain triglycerides, eg MCT oil and Liquefen, suitable for those with pancreatic insufficiency

## Protein supplements

Available in powder form, which can be incorporated into soups, puddings, stews, drinks, etc, or used solely where energy intake is adequate or in addition to energy supplement.

## Enteral feeding

Recent years have seen a

**Table 1: Patients requiring nutritional support**

Condition/group	Possible cause/contributing factor
Elderly	Poor dentition, poverty, social isolation
Crohn's disease, ulcerative colitis	Malabsorption, decreased intestinal transit time, diarrhoea
Gastro-intestinal surgery	Protein losses in fistulae and wound exudate, increased metabolic requirements for protein and energy
Renal, pancreatic and hepatic disease	Impose dietary restriction of specific nutrients and/or fluid
Neurological assault	Dysphagia
Burns, injury, trauma	Increased metabolic requirements
Carcinoma	Altered taste sensation, food aversions, anorexia, nausea, vomiting, diarrhoea due to radiotherapy or chemotherapy. Carcinoma of the oesophagus, pharynx and gut may cause mechanical obstruction
Acute and chronic pain	Anorexia, side-effects of analgesics
Respiratory compromised	Anorexia and decreased food intake imposed by symptoms, hyperventilation increases energy requirements
Medication	Some drugs have catabolic side-effects, eg corticosteroids. Nausea, vomiting and diarrhoea due to oral drug preparations
Depression/grief	Anorexia, absence of food interest

significant increase in the number of people on enteral feeding in the community.

The advantages of HEN are that it allows patients independence, a return to familiar surroundings, reduced hospital stay and more contact with family.

It is suitable for administration in a number of patients, but, as with nutrition support in general, this is an extremely diffuse group. As well as those who return to their own homes on enteral nutrition, it also includes those who require nursing care in community nursing homes. Many of those receiving HEN are children and can lead a normal active life.

Patients receiving HEN include: neurological disease affecting swallow; cardiac or respiratory disease where food intake is impaired; inflammatory bowel disease; malignant disease; HIV/AIDS patients; chronic renal failure; and chronic liver disease.

Although HEN is now a well established treatment there remain problems in the organisation and provision of this service. In many areas the service is fragmented and poorly co-ordinated due to lack of resources and the problem of funding for disposable plastics for administering feed remains unresolved. The community pharmacist has an important role to play in the co-ordinated care of HEN patients, acting as

an important link between the patient, GP and hospital team.

## HEN feeds

As mentioned previously, some people receive HEN to supplement inadequate oral intake whereas others, eg cerebrovascular accident patients, may need it for total fluid and nutrient intake.

A wide range of enteral feeding products now exists (see Table 3), with complete whole protein feeds by far the most commonly prescribed products. Elemental feeds are usually only used in inflammatory bowel and pancreatic diseases.

Specialist feeds now exist for a wide range of disease states, including liver disease (eg Hepatamine), renal failure (eg Nepro) and respiratory failure (eg Pulmocare). It is unlikely that such specialist feeds will be used often in HEN patients.

The feed chosen will depend on a number of factors, including: disease state; patient tolerance; dietary requirements; fluid requirements or restrictions.

For those patients likely to be on HEN indefinitely and where EN is providing total nutrient requirements, it is essential that the volume of feed provides complete nutrition. Another factor in this group is the provision of dietary fibre in the enteral feed to maintain bowel function.

A practical consideration for

most patients on HEN is the number of hours spent attached to a feeding pump. To minimise this, the use of energy dense feeds where appropriate is preferable. Some companies produce feeding pumps suitable for ambulatory use and this may be an alternative option.

## Parenteral nutrition

Parenteral nutrition is used to provide nutrients to those with intestinal failure. Common causes of intestinal failure are:

- inflammatory disorders of the gastrointestinal tract, eg Crohn's disease
- radiation enteritis
- short bowel resulting from surgical resection of necrotic or diseased bowel.

Administering parenteral nutrition requires skill, motivation and meticulous attention to aseptic technique. Patients suitable for such treatment require detailed and intensive education before being discharged into the community, usually under the care of a nutrition team.

## References

1 Hill G L, et al. Malnutrition in surgical patients: an unrecognised problem. *Lancet* 1977;1:689-92

**Table 2: Sip feeds and supplements**

- **Sip feeds/fortified puddings:** Ensure range, Fformance\*, Fortimel, Fortipudding\*, Fortisip, Fortijuice, Fortimel, Entera, Fresubin, Maxisorb Dessert\*
  - **Energy Supplements:** Calogen\*\*, Caloreen+, Duocal Super Soluble\*\*, Duobar, Fortical+, Hycal+, Maxijul range, MCT Duocal\*\*, MCT Oil\*\*, Polycal+, Polycose+
  - **Protein supplements:** Casilan 90, Forceval Protein, Maxipro HBV, Promod, Protifar
- \* Desserts \*\* Fat-based  
+ Carbohydrate-based

**Table 3: HEN**

- **Complete whole protein feeds:** Clinifed range, Enrich, Ensure range, Enteral 400, Fresubin High Energy/750/ Isofibre/Plus F, Jevity, Liquefen MCT, Nutrison Energy Plus, Pre-Nutrison, Osmolite, Trisorbon
- **Complete elemental feeds:** Elemental 028/Extra, Flexical, Fresenius OPD, MCT Peptide 2+, Peptide 2+, Peptamine, Pepti-2000 LF, Peptisorb, Peptisorbon, Perative, Reabilan
- **Special application feeds:** Alitraq, Hepatamin, Nepro, Nutrison LP/Low Mineral/Low Sodium, Portagen, Pulmacare



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**presentation**  
**Methadone Mixture DTF.** A clear, yellow-green mixture containing methadone hydrochloride BP 1mg per 1ml. Contains sodium methylparaben 1% and sodium propylparaben 0.025% preservatives. Contains Tartrazine (E102), Green S (E142) and Sunset Yellow (E110).

**uses.** In the treatment of opioid drug addiction (as a narcotic abstinence syndrome depressant).

**dosage and route of administration.** For oral administration. Adults: Initially 10-20mg per day, increasing by 10-20mg per day until no signs of withdrawal or intoxication. Usual dosage 40-60mg per day. Aim thereafter, gradual reduction. Elderly or ill patients: Give repeated doses with extreme caution. Children: Not recommended.

**contra-indications, warnings etc.**  
 Contra-indicated in respiratory depression, obstructive airways disease, concurrent M.A.O. inhibitors or within 2 weeks following M.A.O. inhibitor therapy. Use during an acute asthma attack is inadvisable. Obstetric use not recommended. Not suitable for children.

**drug interactions.** Specific interactions include:- Alcohol: may induce respiratory depression and hypertension. Imetitidine: potentiates opiate effect. Flupenicil: reduces opiate effect. Phenytoin: potentiates opiate effect. IAO's may induce CNS excitation or depression. Urinary acidifiers: decrease plasma concentration. CNS depressants (tranquillisers, sedatives, tricyclic antidepressants): may increase CNS depression, induce respiratory depression, hypertension. Naloxone: antagonises analgesic, CNS and respiratory depressant effects of Methadone. Naltrexone will precipitate withdrawal symptoms in methadone-addicted patients. buprenorphine and Pentazocine may precipitate withdrawal symptoms in methadone-addicted patients.

**warnings.** Ability to drive or operate machinery may be affected during and after Methadone therapy. Methadone may cause nausea, vomiting and dizziness and has the potential to increase intracranial pressure. Use in pregnancy and lactation is not supported by formal evidence of safety, but usage over many years has revealed no apparent ill-consequences and animal studies have not shown any hazard. Methadone is excreted in breast milk.

**overdosage:**  
**symptoms:** respiratory depression, extreme somnolence, constricted pupils, skeletal muscle flaccidity, cold clammy skin, bradycardia and hypotension. In severe overdosage, apnoea, circulatory and cardiac arrest may occur.

**treatment:** A patent airway must be reserved, with assisted or controlled ventilation. If significant respiratory or cardiovascular depression is present, narcotic antagonists may be required. Nalorphine 0.1mg per kg, or levallorphan, 0.02mg per kg, given i.v. and repeated if necessary every 15 minutes. Great care is necessary where the patient is physically dependent on narcotics, when use of a narcotic antagonist will precipitate acute withdrawal symptoms. General supportive measures e.g. oxygen, intravenous fluids and vasopressors, are indicated where appropriate.

**compatibilities:** No major incompatibilities are known.

**pharmaceutical precautions.** None.

**legal category.** CD (sch.2), POM.

**package quantities:** Amber glass bottles of 30, 50, 100 and 500ml.

**basic NHS Costs:** 500ml £7.59, 30ml £1.46, 50ml £0.76, 100ml £1.52.

**product licence:** PL 1883/0018

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April 1995

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# The red rash dilemma

The following illustrations may help pharmacists identify the likely causes of a patient's mysterious 'red rash'. But remember, the spectrum of skin conditions is so diverse that, if in any diagnostic doubt, GP referral should be initiated

## Acne vulgaris

Acne vulgaris arises through a combination of the hormone testosterone stimulating sebum production and a disturbance of the pilosebaceous follicles which

block the outflow of this sebum. The bacteria *Propionibacterium acnes* is also implicated.

Acne usually appears as inflamed spots (papules) which can form yellow heads and blackheads (comedones). Tender lumps and cysts can form and scarring is common.

OTC treatment concentrates on keeping the skin clean by means of anti-bacterial washes, although these can dry the skin; and keratolytics, such as salicylic acid, resorcinol and sulphur, to unblock the pilosebaceous follicles. The keratolytic and anti-bacterial benzoyl peroxide decreases sebum production and inhibits *P. acnes*. It is the mainstay of OTC acne treatment, although it should be used regularly over the entire affected area for a prolonged period to show improvement. One side-effect with benzoyl peroxide is that it causes redness and irritation on first use. Sulphur has a beneficial effect on pustules.

If the condition does not improve, refer to a GP.



Dr Zava/IST/Science Photo Library

## Athlete's foot

Athlete's foot, or *Tinea pedis*, is a dermatophyte infection which causes scaling or maceration (sogginess) and itching. It usually occurs between the toes, although other parts of the foot can be affected (see Ringworm).

Topical therapy in the form of an imidazole cream/ointment/spray/powder/liquid, like miconazole, econazole and clotrimoxazole, should be applied to the healthy area around the affected area to combat ungerminated spores. Treatment should be continued for at least a week after the infection has appeared to clear. A dual-pronged attack is often used, sufferers applying a cream



Picture courtesy of Janssen-Cilag

and using a powder in socks and shoes to fight spores. Encourage a good hygiene routine to prevent recurrence.

## Chickenpox

Chickenpox is caused by primary infection with the herpes zoster virus and is most common in children under ten.

Usually there are no prodromal symptoms, although in adults there is headache, fever, aches and pains and severe malaise. Often the first sign of the condition is an itchy rash, mainly in the trunk area, appearing as spots before forming small, irregular vesicles. After these burst a scab is formed which falls off after ten days. Children are infectious from around 24 hours before the spots appear and until scab formation. Calamine lotion should be

applied to soothe the skin and ease itching.

However, complications can occur: secondary infection via broken skin; and, rarely, encephalitis in children between the fourth and tenth day after the rash appears — if there is drowsiness, headache and vomiting refer to a GP.



Picture courtesy of SmithKline Beecham

## Eczema/contact dermatitis

Eczema and dermatitis are often used interchangeably, but many reserve the term dermatitis for exogenous stimulants. Eczema in general can be recognised by erythema, itching and blistering accompanied by weeping. In later stages, the eczema may be crusted with thickened skin.

● **Irritant contact eczema** — A rash caused by contact with an allergen. Treatment entails identifying and avoiding the likely cause; applying a barrier cream and 1 per cent hydrocortisone cream.

● **Atopic eczema** (see pic) — Itching with dry, lined skin. Treat with emollients, emulsifying ointment in place of soap and 1 per cent HC cream for mild to moderate dry stage cases, but not in children under 10, pregnant women or to facial eczema.

● **Seborrhoeic eczema** — Occurs in areas of sebum production and appears as an itchy, scaly scalp with dandruff which can spread to body folds. It has a tendency to recur. Treat with 1 per cent HC cream, unless affected area is face or eyes; and mild tar shampoo for the scalp. Later this year, the anti-fungal ketoconazole will be available as a shampoo treatment.

It also appears as 'cradle cap' in children under one year with greasy, scaly scalp patches. Treat with emulsifying ointment. Arachis or olive oil can be used to soften scales before removing.

● **Discoid eczema** — Round, red patches of itchy skin which may weep and form a yellow crust. Treatment requires potent topical corticosteroids and antibiotic creams.

● **Pompholyx** — Bursts of small blisters on palms, feet. Clears up of its own accord.

● **Varicose** — Patchy, chronic eczema of the lower legs in the elderly. Ointments counter dryness, tar and ichthammol bandages are advised.



Picture courtesy Crookes Healthcare — E45



# Measles

The paramyxovirus responsible for measles affects children aged three to six, with epidemics more common in the winter.

It is spread via sneeze and cough droplets. Ten to 12 days after exposure the sufferer experiences a runny nose and cough accompanied by possible sore eyes, vomiting and diarrhoea. Fever is present along with small bright red spots with white centres in the mouth (Koplik's spots). The rash appears around days 14-16, starting on the forehead and neck and spreading over the trunk and limbs over the next three to four days. Loss of appetite is common. The sufferer should be isolated from the seventh day after exposure until about

John Radcliffe Hospital Science Photo Library



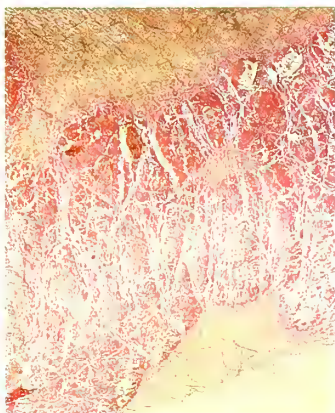
five days after the rash has appeared. OTC treatment involves oral rehydration and analgesics to reduce fever.

However, there may be complications: pneumonia (watch out for rise in fever and respiratory difficulties), stomatitis, enteritis, eye, ear and skin infections, and, rarely, encephalitis.

# Psoriasis

Psoriasis is a consequence of an increased epidermal cell turnover, resulting in a variety of manifestations. The most common is discrete, red, scaly patches which, when scratched, reveal fine, silvery scales. The edges of each patch are clear cut and one or two inches in diameter. The most commonly affected areas are those where epidermal cell replacement is high, such as elbows, knees and scalp.

- **Plaque psoriasis** — Knees and elbows usually affected, cracked, scaly plaque; shedding common.
- **Guttate psoriasis** — May occur after a *Streptococcal* infection when many little patches develop, usually on the trunk — a 'splashed' effect.
- **Flexural psoriasis** — Occurs in skin creases; red and shiny with no scaling.
- **Pustular psoriasis** — Tiny



yellow blisters.

Suspected sufferers should be referred to their GPs for evaluation, but pharmacists can offer emollients to ease dryness and itching. In certain dry stages of psoriasis, hydrocortisone 1 per cent can be used, although in general HC creams are not approved for OTC use. Coal tar preparations, such as shampoos and bath oils, are also useful.

# Ringworm

Dermatophyte or ringworm infections are caused by organisms which can exist in keratinised tissue like the stratum corneum, nails or hair.

*Tinea corporis* (body ringworm) appears as red, itchy, scaly areas with a raised edge and clear centre. It is most common on the groin, buttocks and armpits. *Tinea capitis* (scalp ringworm) is more common in childhood, caught from an infected cat or

dog, and causes scaling, itching and hair loss. *Tinea unguium* (nail ringworm) can cause a range of symptoms from white and smooth to yellow and crumbling nails. (For *Tinea pedis*, athlete's foot, see p16).

Scalp and nail ringworm are best treated systemically using an anti-fungal preparation. Body ringworm can be treated by an anti-fungal cream, such as clotrimazole, miconazole and econazole, although not on broken skin. Half-strength Whitfield's ointment can be applied twice daily.

# Rosacea

Rosacea usually affects adults over 30 years and is characterised by erythema, which initially may be transient. Inflammatory red papules develop, with or without pustules, accompanied by persistent burning. Half of sufferers also report grittiness or eye discomfort and may also suffer telangiectasia (dilation of skin blood vessels leading to thin red lines under the skin). In appearance, it is similar to acne, however, rosacea is not accompanied by



blackheads and cysts. Other symptoms include facial lymphoedema and ocular problems.

Patients should be referred to their GP as treatment requires antibiotic therapy.

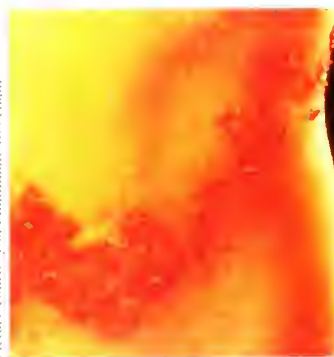
# Shingles

Shingles (herpes zoster) is the reactivation of the varicella zoster virus which causes chickenpox. It is most common in the elderly and immunocompromised patient.

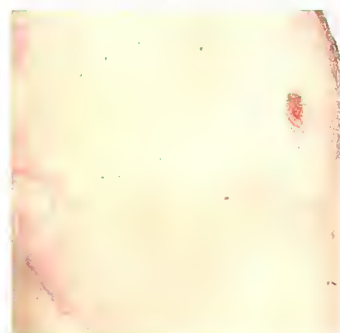
The typical course of the disease is warmth and tingling pain for three days before the shingles rash appears along areas of skin where there is an affected nerve. This is more common around the trunk, face and head, beginning with tiny red spots which form blisters before crusting over and healing. Sufferers will complain of itching and pain, the latter can last for four to

six weeks, but may return and persist for months as postherpetic neuralgia.

Any suspected sufferer should visit their GP as quickly as possible for anti-viral therapy, preferably within 72 hours of rash onset.



Picture courtesy of Smithkline Beecham



# Urticaria

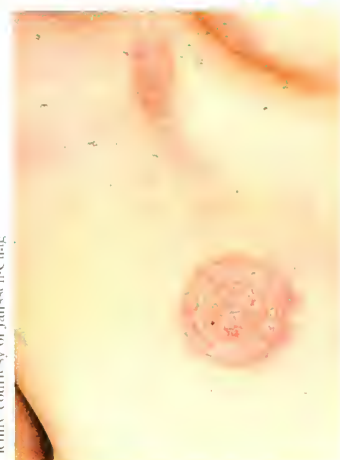
Also known as hives or nettle rash, urticaria is a temporary flushing and/or swelling of the skin. It arises as a response to inflammatory mediator release and rarely lasts more than a couple of days.

• **Contact urticaria** — A weal and flare reaction lasting 20-40 minutes after contact with common weeds, insects and foods such as nuts and eggs.

• **Ordinary urticaria** — Produces weals of differing sizes, erythema accompanied by itch lasting upwards of an hour. Histamine is the main inflammatory mediator.

• **Papular urticaria** — Occurs when there is epidermal damage causing oedema, itch and blister.

Oral anti-histamine is the treatment of choice, but as it does not block the release of histamine, weals may return once therapy ceases.



Picture courtesy of Janssen-Cilag



# Devising a pharmacy strategy

How should pharmacists devise a strategy to take the profession into the next millennium? What should it encompass? In the first of two articles, **Arthur Williams OBE FRPharmS**, chief administrative pharmaceutical officer of Grampian Health Board, outlines primary care development in his region

Community pharmacists receive advice and encouragement to develop their extended role from many sources.

It is my view that such developments are best addressed in the context of an agreed strategy linked with the provision of the resources that are needed to evaluate and deliver the strategy.

Health boards throughout Scotland are preparing their primary healthcare strategies. It is vitally important that all pharmacists who are in a position to influence events should seize the opportunities available to ensure that the contribution of the community pharmacist receives due recognition within these strategies.

All contractors and pharmacist employees of Scottish health boards and NHS Trusts have a part to play in developing a strategic framework for community pharmaceutical services. This is probably best done within the framework of the local professional advisory committee.

This article describes the approach being followed in the Grampian region to establish a strategy for

community pharmaceutical services.

## Planning stage

In order to develop the detailed strategy a discussion paper was prepared for the Area Pharmaceutical Committee, with the following headings, exploring links with the overall strategy for primary care services:

- mission statement
- issues facing the service
- key objectives
- strategy
- discussion.

Having established an agreed paper, further discussions followed with the director of contracts and his senior colleagues. Having agreed the strategy, the document was distributed to all contractor pharmacists and members of the Aberdeen and North East Branch of the Royal Pharmaceutical Society.

Further involvement of community pharmacists has been achieved by setting up training programmes designed to help deliver the strategy. Although at this stage the strategy is fairly firm and robust, it is not set in 'tablets of stone'.

To be effective, any strategy for service development must

take account of the main issues facing the service. These were considered under a number of headings. Every effort was made to identify major influences, and in particular the need to 'key into' the Health of the Nation targets and overall Health Board strategies.

Although the issues were presented under distinct headings, it is clear that there are many cross linkages between them. As a patient-centred service, the importance of the recognition of a range of issues relating both to individual patients and populations is clear.

There is now a much greater awareness of the need to take increased responsibility for one's own health, which is linked with the growth of self-medication, increased expectations and a growing demand for information on all aspects of treatment and care.

Technological advances are having an impact on many aspects of healthcare, and not only in hospitals. New therapies and methods of drug delivery are leading to the use of more flexible packages of care in both hospital and community settings.

Care in the community and

the move from care in health settings to care in social settings has many implications for all practising pharmacists: the 'holy grail' of 'seamless care' has not yet been fully achieved. Against the background of the introduction of new therapies, the seemingly incompatible need to exert a downward pressure on drug costs presents major challenges.

Community pharmacists provide pharmaceutical care and services to individual patients and clients, but at the strategic level there is a need to consider the special needs of groups within the population.

## Targeting care

Older people, people with mental illness, learning disabilities and physical handicaps need services that fully meet their needs, irrespective of their place of residence and personal resources. Palliative care in the community requires particular attention.

Wider public health issues must also be considered. Infectious diseases are not just of historical interest and importance. The scourge of

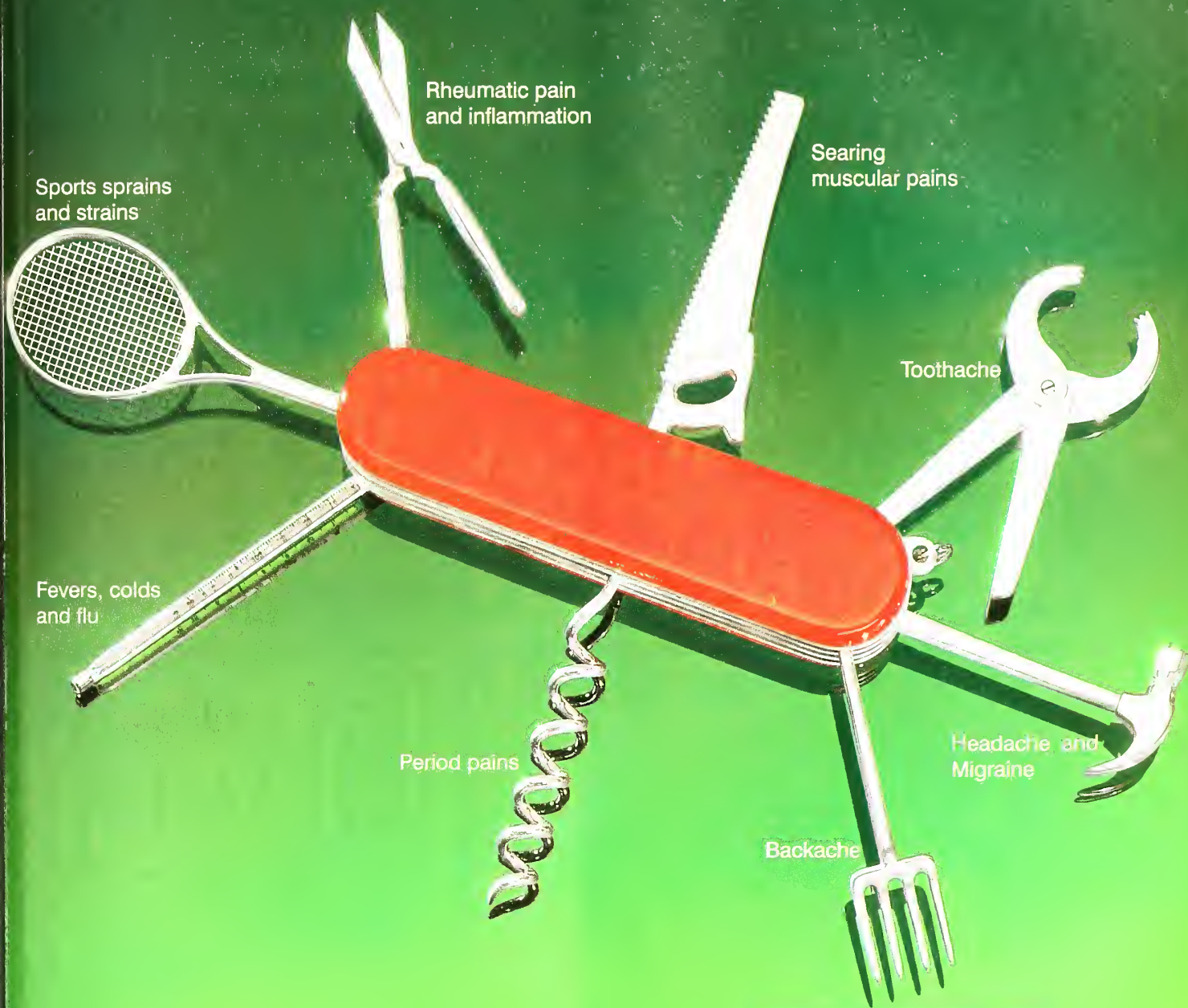
Continued on pVIII





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Product information: Anadin Caplets. Presentation: Caplet for oral administration. Each caplet contains Aspirin Ph Eur 325 mg and Caffeine Ph Eur 15 mg. Uses: For the symptomatic relief of sprains, strains, rheumatic pains, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness. Relief of headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Symptomatic relief of influenza, feverishness, feverish colds. Dosage: Adults and the elderly, one to two caplets every 4 hours. Do not exceed 12 caplets in any 24 hours. Children under 12 years. Not recommended unless instructed by a physician. Contra-indications: Peptic ulceration, haemophilia, concurrent anti-coagulant therapy, aspirin hypersensitivity, children under 12 years and when breast feeding because of possible risk of Reye's Syndrome. Interactions: May potentiate the effects of oral anticoagulants, heparin, metoclopramide, oral hypoglycaemics, methotrexate and phenytoin (transient). May reduce the effects of spironolactone and pyrazinamide. The uncoupling effects of probenecid may be reduced. Special Warnings: Aspirin may provoke or worsen asthma. Precautions: Not applicable. Side Effects: Side effects are mild and infrequent, but there is a high incidence of gastro-intestinal irritation. Bronchospasm and skin reactions may occur in hypersensitive patients. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Overdosage: Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use whereupon symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and metabolic acidosis. CNS depression may lead to a cardiovascular collapse and respiratory failure. Pharmaceutical Precautions: No special precautions. Legal Category: Up to 25 caplets. GSL. Over 25 caplets. Pharmacy only. Package quantities and prices (ex VAT): 4 caplets at 34p, 8 at 61p, 12 at 84p, 24 at £1.40, 48 at £2.14, 96 at £3.11. Product Licence No: PL 0165.0060. Date of Preparation: March 1995. Shelf Life: 5 years. Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH. \*Trade Mark





Continued from pV1

HIV and other viral diseases, together with serious bacterial infections, must be countered by all available skills and resources.

Key harm minimisation services for people who abuse drugs are already provided by many community pharmacists. Problems associated with these services must be addressed in any comprehensive strategy.

Other issues to be addressed include the limitations on the supply of surgical supplies within the provisions of the Drug Tariff, changes in patterns of remuneration and the introduction of nurse prescribing. The need to contribute to practice research, clinical audit and teaching must also be recognised.

Flowing from a consideration of the issues it is possible to determine the key objectives and the strategy needed to deliver these. The following key objectives were determined following an examination of the issues.

- To ensure the safe, cost-effective access of the public and health professionals to medicines and surgical appliances
- To contribute to the control and management of

medicines in both health and social care settings

- To provide information on the use of medicines and surgical appliances to all healthcare professionals
- To deliver an effective contribution to health promotion strategies, both local and national
- To contribute to public health issues, eg harm minimisation services to reduce the spread of HIV infection
- To contribute to practice research and clinical audit
- To contribute to both undergraduate and post-graduate education of all healthcare disciplines.

The strategy that follows is derived from a consideration of the issues and the key objectives. For ease of reference the strategy is outlined in tabular form.

The strategy is now well developed and has achieved a good degree of acceptance within the profession and the Health Board.

*The second article will describe how the strategy is being developed and evaluated using both resources made available locally and nationally through the Primary Health Care Development Fund.*

## A strategy for community pharmacy services

Key element of strategy	Examples of specific aspects of the development
1. Develop dispensing services	Enhance collection and delivery services (especially in remote areas)
2. Care in the community	Meeting the needs of patients with physical handicaps. Domiciliary services, including needs of older people. Review domiciliary services. Provision of compliance aids services. Inputs into discharge planning
3. Self-medication	Development of protocols for deregulated (POM to P) medicines
4. Advisory information/education services	Services for both patients, carers and other healthcare professionals
5. Supply of surgical appliances	Consider introduction to local 'drug tariff'
6. Enhance existing contractual services	More use of PMRs, eg link prescribing with outcomes. Review domiciliary oxygen services. Develop clinical services to nursing and residential homes. Enhance services to drug misusers. Develop contribution to health promotion
7. Contribution to the cost-effective use of prescribed medicines	Implementation of local joint formulary. Improve management of repeat prescribing
8. Stocking medicines to meet anticipated demand	Agreed procedures for the stocking of special medicines for palliative care
9. Other issues	Develop a more accessible service for the supply of welfare milk. Support to nurse prescribing



# Amazing

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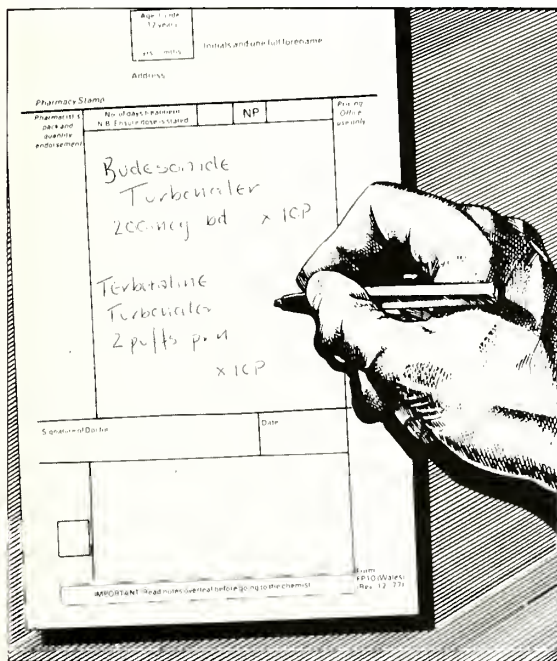
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Further information is available from: Lipha Pharmaceuticals Limited,  
Harrier House, High Street, West Drayton, Middlesex UB7 7QG.  
Date of preparation March 1995. Indications: Angina, hypertension.

**MERCK**

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A local GP drops by with this prescription for a girl in her late teens. She has asthma and, after a visit from the local representative some months ago, the GP called her to the asthma clinic and switched her medication from metered dose inhalers to turbobhalers. Since the change, her asthma has been better controlled, but she has persistent oral candidosis. The GP asks whether she should go back to MDIs or should he prescribe cromoglycate instead?



## QUESTIONS

1. If there are no problems using an aerosol, is a dry powder device preferable?
2. What might account for the oral candida in this case?
3. What action would you suggest before contemplating changes in treatment or formulation?
4. Would cromoglycate be an acceptable alternative?
5. Would you recommend treatment for the candidosis?

## ANSWERS

1. Dry powders offer no advantage if aerosols are well tolerated, if there are no problems with actuation, and asthma control is satisfactory.
2. Candidosis is more often associated with higher doses of inhaled steroids (800mcg/day or more) than the 400mcg/day prescribed in this case, and there is no reason why switching from an aerosol to a dry powder device should increase the risk of symptoms.

The cause may be unrelated to asthma treatment. For example, there may have been a coincidental change in the type of oral contraceptive. Alternatively, she may not be using the turbobhaler correctly and is accidentally overdosing. It is even conceivable that she might still be using the aerosol in addition to the turbobhaler.

3. Clearly, the GP needs to check that she takes her steroid prophylaxis correctly and that she understands how to use the devices. She could also try rinsing her mouth after inhaling the steroid. If this is not the answer, a trial with a spacer might help. Ultimately, if the cause cannot be found, there should be no problem in simply reverting to the MDIs.

4. There should be no need to change either the formulation or the drug. Cromoglycate is unlikely to prove an acceptable substitute for budesonide, since it is less effective in adults.

5. Antifungal lozenges will work, but the emphasis should be on identifying and correcting the underlying cause. Continued antifungal treatment — even if only on an intermittent basis — is inappropriate.

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**A WHOLE NEW WORLD OF RELIEF OTC.**



## Back-paid methadone cash?

Greater Glasgow Health Board is being pressed to provide payment, back-dated to January 1, for pharmacists involved in methadone supervision.

## Mersey volunteers needed

Mersey region Pharmacy Week planning group needs volunteers to man pharmacy stands in shopping centres in Southport, Liverpool, St Helens, Warrington, Chester and Birkenhead. There is also to be a display which will tour the region's smaller towns.

## Manchester SC extension

North West Regional Health Authority has granted Manchester pharmacies an additional £2,000 to extend their smoking cessation project (C&D March 11, p384) for six months.

## GPs back pharmacy advice

GPs are happy for pharmacists to advise on coughs/colds, oral hygiene, hayfever, cold sores, antiseptics, analgesics, smoking cessation, vitamins, vaginal thrush and indigestion, an NOP survey of 100 GPs has found.

## M6 pharmacy breakdown

Staffordshire FHSA has rejected Taylors Chemist's application for an NHS contract at the M6 northbound Hilton Park Services (C&D February 11, p201).

## Stress study

The first results of a Department of Health study into stress in the NHS workforce is expected to come out later this year. The five-year study will look at the mental health of pharmacists.

## Warehouse charges

BAPW wholesalers are now charging £50 every time they are required to open up their warehouse to provide medicines out of normal working hours. New recall fees also now apply.

# Love affair leads to Committee hearing

A West Midlands' pharmacist, placed in dire financial straits by a love affair, disappeared with nearly \$1,500 of his firm's cash, the Statutory Committee of the Royal Pharmaceutical Society heard last week.

After John Indge, of Oldbury, Warley, gave himself up to police, it was discovered that ten days prior to the incident he had been removed from the Register for not paying his fees.

Josselyn Hill, solicitor to the RPSGB, said that Mr Indge's bosses at Lloyds Chemist in Dudley became concerned about his work and personal standards and he was interviewed about this in April, 1993.

"During the interview it became apparent that he was in dire financial straits and was disturbed because of a liaison with a woman," said Mr Hill. He asked to borrow \$5,000 to help him with his debts, but this was reluctantly turned down by Lloyds' managing

director Martin Hardy.

On June 1, 1993, when Mr Indge was pharmacist manager at the Dudley branch, he took \$1,470 cash. He eventually gave himself up to Southampton police.

He subsequently pleaded guilty to theft of the money and was sentenced to 220 hours' community service by Wolverhampton Crown Court on November 9, 1993.

Mr Hardy told the Committee that Mr Indge had been a good pharmacist and Lloyds would be willing to offer him a job again in the future.

The Committee ordered that Mr Indge's name should not be restored to the Register for a minimum of 12 months.

Committee chairman Gary Flather said Mr Indge's theft was "a grotesquely bad breach of trust" and purporting to work as a pharmacist when he was not on the Register was also a matter of the utmost seriousness.

## Suspect packages found at Boots

Two suspicious packages were found in Boots' stores last weekend, one of which proved to be an incendiary device.

Police are not yet attributing the incidents to the animal activists who plagued the company last year.

In the first incident of the year for the company, over five hours' trading was lost at its Southend and Enfield stores last Saturday, as police attended to the packages. Only the Enfield package was found to be an incendiary device.

## Lothian examines fax system

Lothian Health Board is looking into the possibility of subsidising local community pharmacies to install fax machines.

The machines could be used to transmit emergency messages, such as product recalls, as an alternative to the cascade system in which one person telephones another. The faxes could also be used as a rapid means to transmit public health information, for example, water contamination.

The board is also bidding for community pharmacy audit facilitators for the year 1995-96.

# Doctors propose 'free' formulary

General practitioners are considering proposals for a national formulary of drugs which would be dispensed free or at a small charge to all patients.

The charge for non-formulary drugs could be based on the average net ingredient cost.

The General Medical Services Committee believes such a formulary could save up to 10 per cent on the NHS drugs bill. Assuming

there was a small prescription charge for formulary drugs for most patients and only 20 per cent of prescriptions were exempt from any charge, the Government would be able to collect the same overall sum as at present, even if the higher charge for non-formulary drugs was less than the current rate.

The GMSC has issued the proposals to local medical com-

mittees which will be invited to submit motions for their national conference in June.

The GMSC is also suggesting a unified drug budget for primary and secondary care, to prevent hospitals transferring their prescribing costs to GPs.

• The GMSC is also reported as considering the delegation of post-coital contraceptive prescribing to practice nurses.

Presentation:

Movelat Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph.Eur. 2.0% w/w in a white vanishing-cream base. Movelat Gel contains the same active constituent in a colourless gel base.

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Movelat is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of pain in musculo-skeletal conditions including sprains and strains.

Dosage:

Adults, the elderly and children over 12 years: Movelat Cream: Two to six inches (5-15cm) to be massaged in the affected area up to four times daily. Movelat Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily.

Contra-indications:

Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes.

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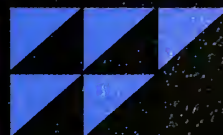




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arthritic pain



# Protocols no indicator of quality

The Young Pharmacists' Group's Scottish regional conference assessed the impact of the changes sweeping the profession, and how much of a boon or a burden these have proved to be for those in the front line. The most recent change has been the introduction of over the counter sales protocols, but do they succeed in improving pharmaceutical quality in service delivery?

The current OTC sales protocols do not improve quality in service delivery, rather they contribute to greater inconsistency within the profession, was the view of delegates at the YPG's Scottish regional conference.

David Dickinson, editor of *Which? Way to Health*, argued that the implementation of protocols tackled the profession's problem of giving inconsistent advice, something highlighted by a number of *Which?* surveys.

"Patients expect to get what they are promised: they expect consistently high standards from the profession. Consistency improves professionalism in leading to a demonstrably efficient healthcare service," he said.

Protocols gave a framework of

consistency, which in turn would lead to professional efficiency. But Mr Dickinson stressed that they were only the first step — "there must be more training".

Clare Mackie, a Glasgow community pharmacist, agreed with the principle of protocols but believed the Royal Pharmaceutical Society had failed to bite the bullet. "The profession chose to target the untrained counter assistant when it should have been looking at improving pharmacist standards," she said.

She disagreed that protocols improved pharmaceutical consistency; by failing to issue a core protocol the Society gave pharmacists leave to "invent their own rules. Rather than being consistent, everybody is doing their



Glasgow community pharmacist Clare Mackie own thing".

The result is an even more confused image projected to the public, whereas a standard protocol would ensure patients were asked the same questions in every pharmacy. This would also contribute to patient acceptability of the questioning process "as no one pharmacy is more intrusive".

David Dickinson dissented. "Most primary patient contacts are with the counter assistants and it is right to use protocols

there."

He believed the Society was correct in putting the power of protocols into the hands of the pharmacists rather than having those protocols "imposed from above".

YPG member Mark Koziol agreed with Ms Mackie that the Society should have issued "decent guidelines". He warned the profession that, unless it can produce a demonstrable level of service, patients will almost certainly go elsewhere.

## Glover welcomes questioning

Christine Glover, Edinburgh community pharmacist and Royal Pharmaceutical Society Council member up for re-election, announced her support for the RPSGB's new stance on Council canvassing.

Council candidates will now be required to answer three questions from the pharmaceutical press on topical matters in addition to their policy statement. "This gives a better idea of what they are up to," said Mrs Glover.

However, she was unsure as to the impact of the YPG-organised Council hustings. "The hustings you have had required a lot of expense, but if it got to a larger number of people I might think it was more worthwhile," she said.



Council member Christine Glover

## Scott underpins scientific base

"There is nothing unique about pharmacy. The only thing that is is the knowledge base that pharmacists have; it is the mix that is unique. How you apply that is what we pay pharmacists for," said Bill Scott, chief pharmacist at the Scottish Office Home and Health Department.

But the unique scientific skills that pharmacists possess, the building blocks of pharmacokinetics, pharmacology and pharmaceuticals are often bypassed. Instead, claimed Mr Scott, many chose the soft option. "For example, it is much more comfortable to get into health education rather than apply your hard science," he said.

Mr Scott maintained that

pharmacists are vital to society, with a number of key roles:

- in helping aid doctors choose the right drug for patients' conditions
- in dispensing by looking at dosage, patient profile and counselling — all of which can occur before physical dispensing by liaising with GPs
- monitoring patient outcome after the dispensing procedure.

The pharmacist's building blocks could also provide armour against other "predatory" professions, such as nurses. As Mr Scott put it: "You can teach anyone to do anything, but you can't teach them to use their intellect and apply it to problems."



## Monitoring the professional allowance in Lothian region reveals pharmacists' diverse attitudes

Following revelations that plans are afoot for a national scheme to monitor the professional allowance in Scotland, Lothian Health Board's chief pharmaceutical administrative officer, Peter Jones, outlined the Lothian experience.

By the end of August, all 189 pharmacies in his region who qualify for the PA will be visited in an attempt to "establish the nature of the professional activity practised and to provide assistance with the interpretation of the circular".

The PA is paid to those pharmacists who comply with four criteria: supplying health promotion leaflets; having a practice leaflet; undertaking audit; and offering patient counselling.

Since August, 1994, 40 pharmacies have been visited with a checklist used to ensure a coherent approach. Each pharmacy is given a report of the visit. "To indicate where help can be

given, we feel it is important to have constructive feedback," said Mr Jones.

All the pharmacies hold health promotion leaflets, although opinions vary as to the best location. "Some have found it advantageous to put them away from the pharmacist, but some have found that when they are near the dispensary the pharmacist has the opportunity to intervene," he said.

Practice leaflets were present in every pharmacy, although some noted that those placed in the local surgery had generated greater patient interest than those picked up in-store.

Everybody provided some sort of counselling to a greater or lesser degree, most in a discreet area, said Mr Jones. The role of the pharmacist in asthma and inhaler education was of particular interest, with scope for the pharmacist to liaise with the local surgery on this issue.

In the region of audit, most felt

it to be a good thing, although "some were doubtful, with a 'what's in it for me' attitude". For the non-believers, Mr Jones revealed that those that had undertaken an 'owings' audit had benefited from reduced stock.



Lothian CAPD Peter Jones

## Glasgow accepts audit concept

Glasgow pharmacists have embraced the concept of professional audit, with promising results.

Greater Glasgow Health Board has initiated an audit facilitator network to develop clinical audit in the community. Each of the five facilitators has a specific geographical remit, based at a teaching hospital, with responsibility for between 10-15 pharmacists, liaising on a sessional basis.

Since launching the scheme last June, five projects have been initiated. The first four recruited the participation of 138 pharmacists, the fifth — a methadone supervision audit — has garnered the support of 117. "We have been encouraged by our initial progress," said Scott Bryson, administrative pharmaceutical officer for Greater Glasgow Health Board and chairman of the Greater Glasgow Pharmacy Practice Unit.

- The first audit assessed container and labelling requirements for the elderly with 1,609 patients questioned. Preliminary results show that 80 per cent of medicines were dispensed in ordinary caps; 32 per cent of patients reported problems with access to the container or clarity of labelling; and 4 per cent omitted doses because of dispensing 'procedures'. "We need to see whether there is potential to improve matters across the board," said Mr Bryson.

- The second examined prescription intervention with 33 participants reviewing 2,000 items apiece. Only 1 per cent of prescriptions had to be changed, but the type of intervention and its clinical significance has yet to be determined.

- The initial results of the methadone supervision survey reveal that nearly 30 per cent of addicts are not currently supervised. "This is a problem, leading to leakage onto the black market," said Mr Bryson.

Other on-going audits cover the provision of dental health advice, the counselling and supply of H2-antagonists and a look at self-audit. Future projects will evaluate folic acid supplements in pregnancy, OTC therapy for migraine prophylaxis, malaria prevention and sugar-free medicines.

"We also need to ask patients what kind of service they require and I hope we can build this into the audit process," added Mr Bryson.

# No go for Scottish compensation scheme

Scottish pharmacists who wish to give up their NHS contracts are unlikely to benefit from a compensation scheme.

Scottish Pharmaceutical General Council chairman Andrew Taylor confirmed that there had been talks on the matter with the Scottish Office, "but no success".

The scheme may have softened the blow of pharmacists' worst fears: that the threshold number of prescriptions qualifying for a professional allowance is to be increased. "We do not have a proposed offer for 1995-96, but there are fears that the Scottish Office will follow the English road in raising the PA threshold, in line with an increase in prescription volume," said Mr Taylor.

And pharmacists still qualifying for payment should not rest easy. "Because of the graded nature of the professional allowance, this affects all contractors along the line," came the warning.

Another fear was the possible impact of 56- or 100-day doctor prescribing which would cause a reduction in items dispensed and



Scottish Pharmaceutical General Council chairman Andrew Taylor push more pharmacists under the threshold.

A more long-term concern is that more services will be required to qualify for the PA, with no extra payment forthcoming. Mr Taylor admitted that: "The criterion for PA is not intended to be fixed but can be

moved, and I fear that the Department will want additional services included."

Bill Scott, chief pharmacist at the Scottish Office, confirmed that PA criteria are flexible. "The Department does not see the PA as tablets of stone. We have to move towards a PA which becomes more meaningful," he said.

However, Mr Taylor is adamant that new services are funded with new money. He revealed that the SPGC is in discussion with the Scottish Office about possible new services, such as domiciliary visiting, and documenting of pharmacist intervention of side-effects and dosage errors.

Discussions are currently under way on adequate monitoring of the PA to ensure quality service is maintained.

- Both the SPGC and the Scottish Office have agreed to look at the restrictions surrounding pharmaceutical services to residential and nursing homes. As it stands at the moment, payment is limited to five homes.



# EPoS — helping y

**Nick Kerridge, retail division manager at Omron Systems UK, explains why the smaller retailer should not dismiss EPoS out of hand**

**H**istorically, the role of the pharmacist has been closely allied to that of a medical practitioner in terms of culture, training and responsibilities and, similarly, they are facing the issues of market forces within the overall framework of healthcare. The challenge for pharmacists is to meet these issues and adapt their business to ensure continued, profitable growth.

A number of things have contributed to these changes within the pharmacy market. Enforced Government changes have substantially reduced the profitability of the traditional prescription business. The only way the pharmacist can maintain or exceed previous profit levels on this type of business is to increase volume.

In addition, the pharmacist faces increasing pressure from the large groups who have suffered less as a result of changes to the market. Not only are they able to take advantage of their obvious economies of scale, in terms of purchasing power, but have sought to grow through acquisition.

Finally, the competition for OTC business is also intensifying, with more non-pharmacy outlets selling these items. Again, this is an erosion of the traditional market.

So how should a pharmacist respond to these changes? My advice is:

- look to change the emphasis on where you make your profit
- adopt a commercial attitude in balance with your professional role
- maximise the returns on your business
- capitalise on your points of difference and your ability to offer a personal service to your customers.

However, while building the business, it is important for the pharmacist to understand cus-



tomers' needs and, more importantly, to meet them both effectively and efficiently.

Electronic point of sale (EPoS) is a means of doing this, providing the pharmacist with a tool to help run the business better. In fact, conservative estimates suggest the implementation of EPoS will improve the bottom line of a business by approximately 2-4 per cent.

EPoS provides management information on which to base business decisions. For example, if we look at the issue of stock, in

an average pharmacy a percentage of the theoretical OTC stock will be unavailable due to inaccurate assessment of replenishment needs. While key lines tend to be better represented, a number will still be out of stock. These have been calculated as in the region of 8.5 per cent on key lines and 10 per cent on other ranges.

This represents lost sales for the pharmacist. The converse, however, is equally bad for the business. An overstock on all lines represents dead money and

negatively affects cash flow. EPoS will ensure that the right products are available in the right amount at the right time, therefore maximising the use of stock in the store and, ultimately, sales.

In addition to the improvement in basic business practices, EPoS enables the pharmacist to offer a range of additional customer services. For example, many systems offer an integrated electronic funds transfer (EFT) capability, enabling the pharmacist to process credit and debit cards electronically and also to



# u to help yourself

provide customers with a cash-back facility. Cash-back is currently being offered by many of the major supermarkets, with increasing popularity. Apart from increasing the number of customers through the door, our company's experience shows that transaction switching from cash and cheques to cards increases the average transaction value.

The provision of these types of added value services is becoming more and more commonplace in retailing. As such, customers have come to expect it as standard and those pharmacists who can meet these expectations will undoubtedly gain greater custom.

So how should a pharmacist go about selecting a system and a supplier to provide it? My recommendations are:

- make sure that you have a clear understanding of your business requirements and the business benefits that EPoS will bring in advance of selecting a system. If you are unable to do this alone,

work with a supplier who is willing and able to work with you

- agree the objectives of the implementation and make sure that they are realistic. Remember that every pharmacy is different and any objectives must be aligned to your individual store/s

- ensure that the supplier that you choose is financially secure. They must demonstrate a clear commitment to the pharmacy market, in terms of industry knowledge and products, and also in future developments

- make sure your system is a total solution, encompassing all the facilities that you require of it. It should be a seamless tool to assist your business

- the supplier you choose should be able to provide you with a clear

**EPoS is a means of ... providing the pharmacist with a tool to help run the business better**

and cost-effective business development service, working together with you in a partnership

- ensure you have a clear and definitive method of maintaining your product file on

an on-going basis with a guarantee on continuity.

So, once you have chosen your system and supplier, how much will it cost? It is almost impossible to quote 'typical' investment levels for EPoS. This is dependent on a number of factors — number of stores, number of EPoS lanes per store, back office computer requirements, links to head office for data communication, etc. However, as a guide only, a

pharmacist requiring one EPoS till linked to a back office PC, providing full store control facilities, cabled and installed should expect to pay around \$8,000.

Any investment, however, should not be judged on the purchase price alone. What is critical is the accrued business benefits and the payback period agreed prior to the installation. This will differ widely from pharmacy to pharmacy dependent on such factors as range, trading patterns, size, location, etc. Like price, there is no 'typical' payback period for EPoS.

In summary, our company believes that EPoS will provide a benefit to every pharmacy whatever its size. Some will recoup their investment faster than others, of course. It is important then that the objectives, business improvements and payback are identified in advance of proceeding with any EPoS supplier.



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# Glaxo creates special integration task force

Glaxo has created executive task forces to see through the integration of the newly-formed Glaxo Wellcome drugs group.

Eleven task forces chaired by executives from both Glaxo and Wellcome have been created. A spokesman for Glaxo says: "The new structure will aim to handle the integration process and ensure the business runs smoothly and efficiently." The final make-up of the group is expected to become clear some months after the integration.

The first casualty of the re-organisation has been John Robb who has resigned as chairman and chief executive of Wellcome. Sir Richard Sykes, deputy chairman and chief executive of Glaxo, takes over as chairman, supported by Glaxo directors John Coombe and Jeremy Strachan.

The responsibility for public affairs and corporate strategy also falls into the hands of Sir

Richard, aided by Geoff Potter and Robert Jones, Glaxo's group public affairs director and director of corporate strategy respectively.

Dr Jim Nidel, Glaxo's group research and development director, is now research and development chairman, while his deputy is Dr David Barry, Wellcome's group director of research, development and medical affairs.

The manufacturing operations chairman is Dr Joe Blaker, Glaxo's group technical director, with deputy I Roger Price, who holds the position of director of production for Wellcome.

Business and commercial development operations chairman is James Cochrane, Wellcome's European operations director. His deputy is Sean Lance, Glaxo's executive director.

Phil Tracy has been appointed chairman of over the counter operations, deputised by John



**New chairman Sir Richard Sykes** Coombe, who is Glaxo's finance director.

The other task forces cover North American, European, Asia-Pacific, Latin American and Africa/Middle East, and Japanese operations; plus financial operations and information technology; and legal secretariat and human resources.

## Bayer chooses UK for European medical centre

Bayer has become the first pharmaceutical multi-national to site its European medical affairs department in the UK.

The new department is to be set up at the beginning of April, headed by Dr Xavier Fraipaise, currently medical director of Bayer, France, and supported by around 30 staff from various European countries.

The move is expected to start a trend among other healthcare companies and is in line with the decision to base the European Medical Evaluation Agency in London.

Bayer believes the proximity of the EMEA, together with the high level of scientific expertise in the UK, will improve the time it takes to make medicines available in Europe.

Dr Roger Wheywell, director of research and development for Bayer's UK business, says drug development within Europe is fragmented and the company wants to harmonise operations and put them in line with its North American business.

## Surgichem sells computer division

Surgichem has sold off its Community Computers pharmacy computer division to Taylor Nelson AGB for an undisclosed sum.

The division will be merged into Taylor Nelson's own computer operation, John Richardson Computers, and will transfer from Stockport to JRC's headquarters in Preston.

JRC will continue to market the Community Computers product range, which includes Nomad software, Oxydata and the Littlefoot portable pharmacy computer package. Surgichem executives will work with the company on a consultancy basis.

Norman Niven, managing director of Surgichem, says the company has taken Community Computers as far as it can and JRC will give it greater opportunities for development. The deal also provides Surgichem with the resources to further its plans for local authority funding for pharmacists offering medication management.

## Black & Edgington launches into pharmaceuticals

Black & Edgington, a marquee supplier, is being launched into generic pharmaceuticals by its chairman, Ian Gowrie-Smith, who was previously managing director of Medeva.

The company, which is initially targeting the US market, has a \$20,000 cash option to acquire the development and licence agreement of controlled release formulations of glipizide and glyburide, which are being developed by Jago Pharma AG in Switzerland. The option has to be exercised by July 31.

Mr Gowrie-Smith says the drugs are at the pre-registration stage and likely to be available from 1997. Jago's generic formulation of glyburide is expected to compete with Pfizer's Glucotrol XL in the North American market, and glipizide with Upjohn's equivalent.

The consideration will be funded by some of the proceeds of the placement of 25,800,000 ordinary shares at 3.5p, which raised approximately \$900,000, and by the issue of further Black & Edgington securities.

## Numark changes share procedure

Numark has changed the application procedure for independent pharmacists interested in becoming shareholders in the company.

The share ownership scheme document, written for the initial launch of the initiative, expires on March 31 and new applicants must either approach their local Numark distributor or write to Valerie Roberts at Numark headquarters in Tamworth.

So far, 879 pharmacies have taken a stake in the company. As an industrial and provident society, Numark can continue to accept shareholders at any time.

## Natwest Securities resigns as Lloyds' broker

Natwest Securities has resigned as broker to Lloyds Chemist.

The resignation, which took place on March 17, came a week after Lloyds announced it was restructuring its drugstore operation, Supersave, at a cost of \$13.4

million.

Natwest Securities declined to comment on the reasons behind the resignation, but Dick Turner, director at Lloyds Chemist, says the parting was "very amicable".

Mr Turner explains that Nat-

west Securities was appointed at the time of the Macarthy bid in 1992 because of its strong presence in the issues market. He added that Lloyds is now less active in issues and will be relying on joint broker Pannure Gordon.



# Gehe extends offer after only 1.92pc acceptance

Gehe has extended its offer for AAI to April 13 after acceptances for its bid secured only 1.92 per cent of the UK wholesaler's ordinary share capital.

Gehe says that by 3.00pm on March 24 it had received valid acceptances of the offer by AAI shareholders in respect of 1,727,960 shares. This, coupled with shares acquired by the German company prior and during the offer period, brings its stake in AAI to 3.98 per cent.

Gehe has not revised any of the terms of the offer.

John Padovan, chairman of AAI, says the board still considers its core healthcare business alone worth "substantially" more than the offer of 420p per share. As C&D went to press the UK company's shares were valued at 440p each, the highest they have been since the bid was launched.

Mr Padovan says: "This low level of acceptances demonstrates support for the board's view that the Gehe offer fails to reflect the true value of AAI."

The board will be writing to

shareholders shortly on AAI's continuing plans for maximising shareholder value. Meanwhile, they are being urged by the company to ignore the hostile bid and not to complete any form of acceptance.

Gehe needs to reach a 50 per cent acceptance level by the new deadline in order to take control. If this is not achieved, the offer will lapse and acceptances will go back to their original owners, or Gehe may decide to purchase these and become a major shareholder.

## Sandoz demerges chemicals

Sandoz is to demerge its industrial chemicals division to concentrate on the pharmaceuticals and nutrition businesses. Net income grew by 2 per cent over last year to a record level of CHF1,734 million and sales rose by 5 per cent to CHF15,870m.

## New cytotoxic submitted

Zeneca has applied to the Medicines Control Agency for marketing approval for Tomudex, a new cytotoxic agent for advanced colorectal cancer. It works by inhibition of the enzyme thymidylate synthase, blocking an essential metabolic pathway and leading to cancer cell death.

Zeneca Pharmaceuticals. Tel: 01625 582828.

## E Merck public offer

Family-owned business E Merck is planning to float the company on the stock market by September, 1995 and hopes to raise up to DM2.5 billion by selling up to 25 per cent of its stock to the public. The move is subject to approval and to favourable conditions on the German stock exchange, with final approval expected in the next few weeks.

## BPSA pre-reg conference asks 'Which way now?'

The British Pharmaceutical Students' Association is holding its pre-registration weekend conference on April 22-23 at the Swallow Hotel, Northampton.

The theme of the conference is 'Which way now?', and speakers

will include pharmacists from community and hospital pharmacy, as well as industry. Mike Burden will discuss the workings of the Royal Pharmaceutical Society Council and Virginia Wykes, from the RPSGB's education division, will chair the question and answer session on the pre-reg exam.

The weekend costs \$15 (including meals and accommodation). Details from Lynn Morris on 01383 620931.

### COMING EVENTS

#### TUESDAY, APRIL 4

##### Oxfordshire Branch, RPSGB

At the Postgraduate Medical Centre, John Radcliffe Hospital, 7.30 for 8pm. 'Allergies and asthma — on the increase?' by Dr Julian Hopkin from the Osler Chest Unit, Churchill Hospital.

#### WEDNESDAY, APRIL 5

##### Sheffield Branch, RPSGB

At The Thornbury Hospital, 7.30 for 8pm. 'Purchasing pharmaceutical service in the future' by Philip Sands, director of planning and commissioning for West Yorkshire Health Authority.

#### SATURDAY, APRIL 8

##### Aberdeen and NE Scottish Branch, RPSGB

At the Marcliffe at Pitfodels, 8pm. Spring ball.

### ADVANCE INFORMATION

**The Bradford & Halifax Branch of the National Pharmaceutical Association** will be holding a meeting on 'Generics and the Drug Tariff' at the Bankfield Hotel, Bradford Road, Bingley, **April 6**, at 7.30 for 8pm. The speaker will be Andrew Kay, general manager of APS/Berk.

**Berkshire Local Pharmaceutical Committee** conference will be held on **April 9** at the

Hilton National Hotel, Bracknell. Details from R Wheeley, tel: 01734 426272.

**The College of Pharmacy Practice** is holding its North West meeting for college members in Haydock, Lancashire, on **April 20**, 7.30pm. Further details from Brian Riley on 0151 236 4620 ext 2018. The CPP is also holding its college day and annual general meeting on **April 26** at the De Montfort Hotel in Kenilworth, Warwickshire. Details on 01203 692400.

**Ulster Chemists Association** is holding a meeting at Malone House on **April 12** to discuss 'A flexible approach to finance' by the Bank of Ireland. Details on 01232 320787.

**The British Society for the History of Pharmacy** is holding its spring conference on **April 21-23**, at the Three Tuns Hotel, Durham. Details on 0131 556 4386.

**Scottish Pharmacists in Mental Health** is holding its 20th seminar on **April 23** at the Murray Royal Hospital, Perth. Details from Susan Bishop at the pharmacy department, Bellsdyke Hospital, Larbert. Details on 01324 556131.

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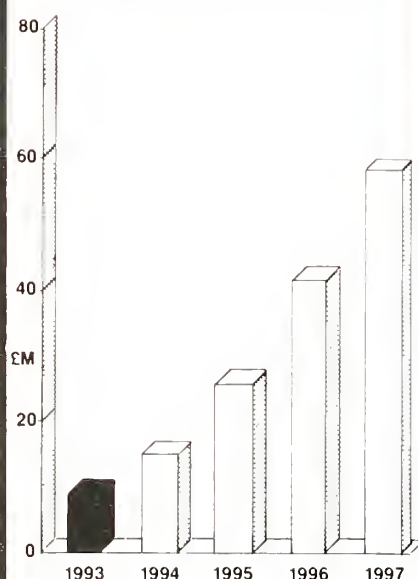
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**Tel: 0903 213303**

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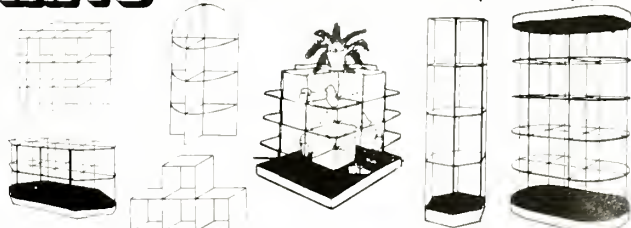
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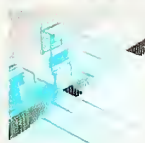
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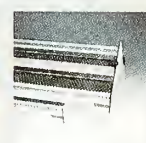
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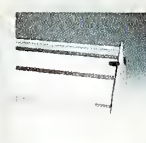
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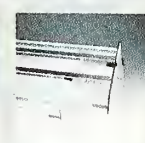
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# ABOUT people

## Bristol contractor scoops practice research award

Tariq Muhammad is the winner of this year's Glyn Jones Award for practice research projects to the benefit of community pharmacy.

The award, which carries a grant of up to \$1,000, was presented to Mr Muhammad for research into the installation of a medicines' telephone hotline ad-

visory service in the Bristol-based group pharmacy practice, Pharmacy Plus.

Over three months Mr Muhammad's study will evaluate the public value of a community-based telephone drug information service, covering prescribed and OTC medicines.

The nature and outcome of consultations will be evaluated via a postal questionnaire with the aim of incorporating the research findings into practice and improving the future provision of patient information.

Entries for the 1995 Glyn Jones Award should be received at the

College of Pharmacy Practice by October 31.

The medicines' hotline is just one service offered by the pharmacy. Others include smoking cessation clinics, consultation rooms and an in-store NHS chiropodist (C&D February 4, p194).

## AAH appoints two new sales staff

AAH has appointed New Zealander Glen Marshall as field sales manager, covering the south eastern division from the

company's Ruislip branch.

Also joining the team is sales representative Alan Bernard, who will cover the central division.

## Unichem sponsors Swansea half-marathon for BDA

The Swansea Valley Half Marathon, which was run on March 12, has again been sponsored by Unichem with the aim of raising \$4,500 for the British Diabetic Association.

Unichem provided T-shirts for all runners, posters, medals and first aid equipment; while local

pharmacist Mark Hopkins of Hopwoods Pharmacy, Cardiff, came to the rescue of thirsty runners with energy drinks.

Mr Hopkins, who specialises in sports pharmacy, also gave advice on injuries and dressings.

Over 240 runners took part in the event.



Gareth Davies wins the Unichem Swansea Valley Half Marathon

## Ancient apothecary discovered in Greek dig

Excavations on the remote Greek island of Raxos have revealed what may be the oldest pharmacy in the world, say archaeologists.

A skeleton has also been unearthed at the site, which is "more than likely one of the world's first pharmacists", according to Professor Alex Connor, an archaeologist attached to Athens University.

The bones were found amid a host of vessels, pestles and bottles, with the skull lying some

distance away from the main body. "This indicates a possible drugs-related crime," says Professor Connor.

Theo Savalas, chairman of the historical committee of the Greek Pharmacists Association, is assisting the archaeologists in the identification of substances and implements found with the bones.

The skeleton is currently undergoing a series of carbon dating tests to reveal the skeleton's exact age.



The Raxos dig — site of what could be the world's oldest pharmacy



Jag Gujral (second left) of S C Williams, Sussex, is presented with the first prize in the Robinsons Healthcare Fastaid 'All the fun of the fair' promotion by Robinsons' sales director, Colin Mills, while (from left to right) Andrew Derbyshire, Deepey Gujral, Shahim Court and Sheilla Rashid look on



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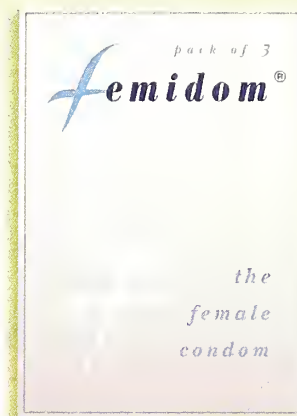
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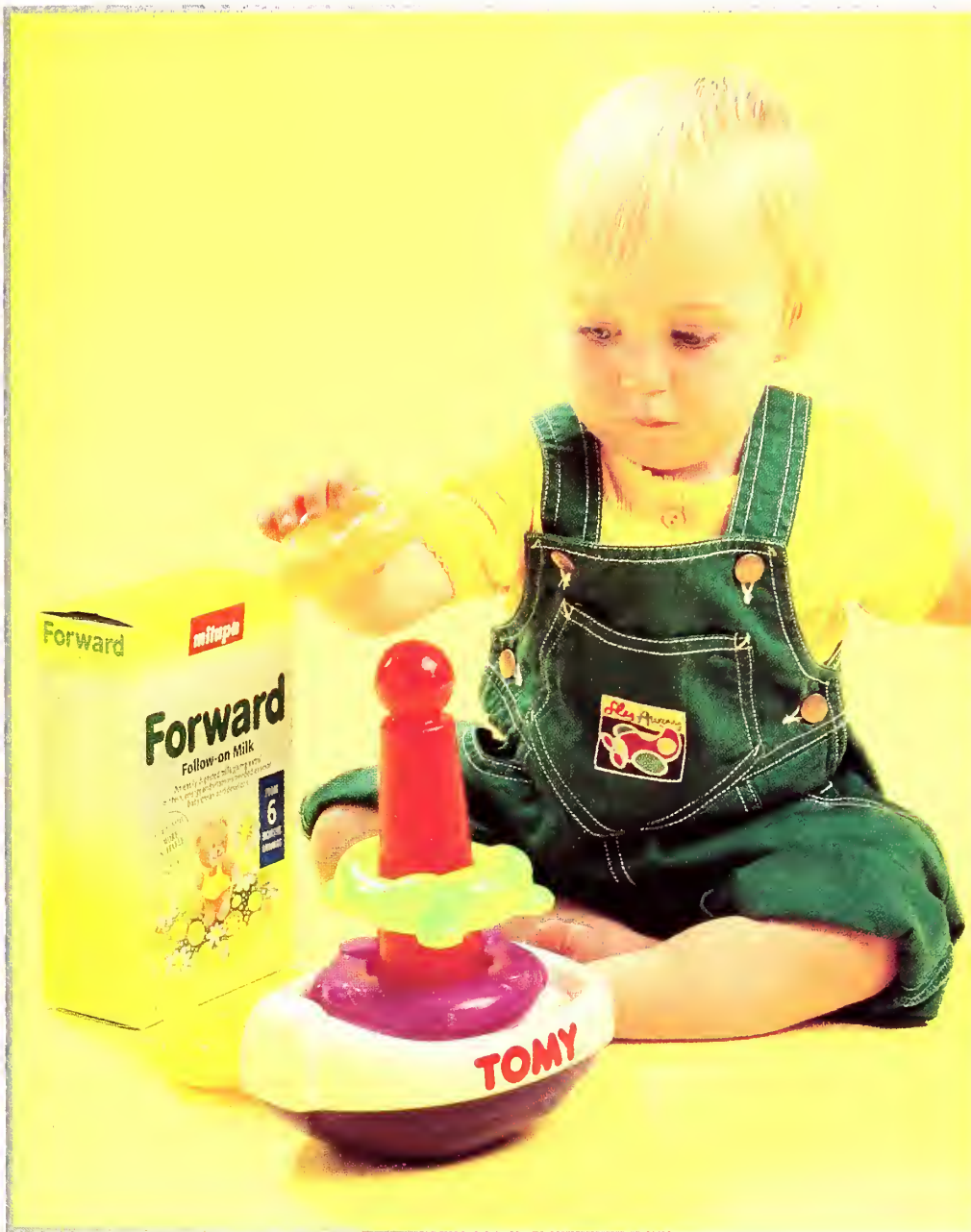
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APRIL 1995

# Babycare



**BABY BLUES OR  
DEEP  
DEPRESSION ?  
WEANING  
THE  
VEGETARIAN  
INFANT**

**THE COSTS OF  
BRINGING UP A  
BABY**

**INITIATIVES  
IN THE  
BABYFOOD  
MARKET**





*essence*

— NEXT ISSUE — MAY 1995

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April 1, 1995

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# Babycare

How the market shapes up  
Facts and figures from market  
researchers FSA



**Kiddiwinks 8 months on**  
How has LWG's 'brand born of  
research' fared so far?



**Baby blues or deep depression**  
Is the stigma that affects one in 10  
mothers slowly lifting?

**The costs of caring for a baby**  
Parents are looking for safety and  
quality

**Weaning on a vegetarian diet**  
Advice on which foods provide  
balanced nutrition for an infant



**Shake up in babyfood sector**  
Companies begin to respond to last  
year's consolidations

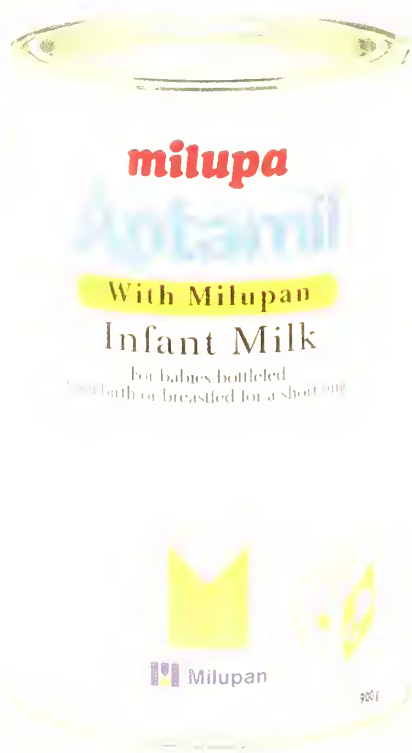
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# Baby blues or deep depression?

*Postnatal depression (PND) affects one in ten new mothers, but many still suffer in silence. Fawz Farhan looks into how the stigma is slowly lifting*

**P**ostnatal depression is as serious as any other form of depression and must not be confused with 'baby blues'. Many women suffering from the condition are still unaware of how serious it is, believing instead that they have failed as mothers when they cannot cope.

The medical and nursing professions have recognised this problem and there have been several initiatives to highlight the help available to mothers and their families.

The Association of Postnatal Depression offers advice and publishes a number of leaflets on the illness, and the Marce Society, which consists of an academic forum, is devoted to research into PND. Last December the Defeat Depression Campaign — organised by the Royal College of Psychiatrists in association with the Royal College of General Practitioners — launched a 'Help is at hand' leaflet on PND.

However, before PND can be treated, the stigma associated with it must be removed. Greater awareness would lead to mothers recognising that they are ill. Family and healthcare professionals in contact with the mother also have a responsibility to recognise the symptoms of postnatal depression.

Simon James from the Association of Postnatal Depression says: "The stigma is less than it was 10-20 years ago, because there is more information and more recognition of the illness. But there is still a considerable distance to go, especially among the lay population."

## 'Blues' or depression

Baby blues is a short-term condition that affects up to half of all women who have just given birth. It is in part an emotional adjustment to the



physical upheaval of childbirth and normally sets in between 5-10 days after birth, lasting for up to a week.

The mother feels emotional for no particular reason and may experience pain which has no underlying cause. These symptoms are often accompanied by lethargy and sleep difficulty.

The condition is thought to be caused by hormonal changes and physical exhaustion from the childbirth itself. A demanding or sick baby may add to the anxiety of the mother, so she needs to be supported and advised by family, friends and health visitors or midwives. Rest is essential to recovery, as is reassurance that baby blues is common and short-lived, lasting only a few days.

PND, on the other hand, is more serious, occurring in up to 10 per cent of recently delivered women. It is one of the most common illnesses to follow childbirth and can last for months and even years if not recognised and treated.

It usually sets in some weeks or months after childbirth and, in certain cases, simple baby

blues develops into postnatal depression. In extreme situations PND can lead to psychosis and, even more rarely, infanticide.

Simon James says the symptoms of baby blues and postnatal depression may appear similar at first but have certain features that distinguish one from the other.

With baby blues the spates of crying are confined to a few times a day and the mother speaks openly about her feelings. Mothers with PND tend to be withdrawn and do not talk much about their feelings. They cry most of the time and often suffer from more prolonged irritability, fatigue, sleeplessness, and loss of appetite.

## Screening

The sooner PND is diagnosed the sooner it can be treated so that the mother can enjoy the baby's first months of life.

GPs, midwives and health visitors have plenty of opportunities for contact with the mother to detect PND.

Pharmacists who have close links with their community also have a role to play, as new mothers

often visit the pharmacy for baby care goods and medicines.

Screening can be made easier by identifying risk factors, such as a previous history of depression; an unsupportive partner; a premature or ill baby; the mother's loss of her own mother as a child; other social or financial problems. However, PND can still manifest itself even if none of these are present.

The Edinburgh Postnatal Depression Scale, a screening tool developed specifically for PND by John Cox *et al* (1987) is a self-report questionnaire consisting of ten questions. The medical profession stresses, however, that the test is merely a

screening tool and not a definitive diagnosis.

## Treatment

Counselling is essential for the mother and even her partner if it is required. Failing that, drug therapy in the form of antidepressants or hormones can sometimes help.

As antidepressants have more or less comparable efficacy, the choice will depend on the drug's side-effects. The sedative effects of the tricyclics may not be favoured by a mother trying to look after a young baby.

The newer antidepressants, such as the selective serotonin re-uptake inhibitors, have fewer side-effects but there is no evidence on their excretion in breast milk. Lithium, however, has higher excretion levels in milk and should be avoided where possible.

Antidepressants should be continued for six months after the depression has lifted to make sure there is no relapse.

Research has often implicated hormones in PND, but there is no conclusive proof. The reasons for the implication of hormones in PND include timing of the condition; limited influence of psychosocial factors; distribution of sex steroid throughout the central nervous system; effects of oestrogen on premenstrual syndrome and resistant depression in women; and the effects of steroids on mood.

According to Dr Alain Gregoire, consultant in general adult and perinatal psychiatry at Salisbury Healthcare, the only consistent positive results to emerge on the influence of hormones has been with thyroid abnormalities.

Although progesterone suppositories are sometimes prescribed there is little evidence of their benefit. However, oestradiol patches are thought to produce significant improvement

## Self-help groups

The Association for Postnatal Illness, 25 Jordan Place, Fulham, London SW6 1BE. Tel: 0171 386 0868.

The National Childbirth Trust, Alexander House, Oldham Terrace, Acton, London W3 6NH. Tel: 0181 992 8637.

Defeat Depression Campaign, The Royal College of Psychiatry, 17 Belgrave Square, London SW1X 8PG. Tel: 0171 235 2351.



# Baby brand grows into a world traveller

*Lewis Woolf Griptight launched Kiddiwinks last summer with an emphasis on consumer needs. Fawcett Farham asks how the 'brand born out of research' has fared*

**L**ewis Woolf Griptight has come a long way since it was set up as a family business 110 years ago. And, with the birth of its Kiddiwinks brand last August, the company is set to continue into the next century.

Kiddiwinks is already on target to achieve a 3 per cent share of the baby feeding equipment and ancillaries market one year after launch, with the aim of reaching an 8 per cent share by its third year, according to John Keen, executive sales director.

This optimism is not surprising considering the company has invested almost £60,000 in research and development alone. This considered every aspect of the brand from design and colour to concepts and products.

For pharmacies this is good news as 90 per cent of distribution is through this sector, the majority being distributed to independents by wholesalers such as Unichem and AAH.

## Penetration

Mr Keen readily admits that it has been an uphill struggle getting into the multiples. He puts this down to the ever-increasing gap between multiples and independents, with the pool of small chains being swallowed up by the big giants. Another factor is that these giants often have their own labels and are reluctant to take on new brands.

Despite this, Mr Keen says some multiples have shown interest but want to see growth in other retail sectors before they enter into any deals. "We need to prove to them that the brand is working," says Mr Keen.

One way of doing this is to look at the inroads that LWG has made in the own label market. The company now supplies own brands for two large unnamed grocery chains. "Because of our profile with Kiddiwinks, more people are coming to us to make their own brands," adds Mr Keen.

Indeed, the success of Kiddiwinks is not confined to the UK alone. The concept has reached the shores of the USA where LWG's sister company, Binky Griptight Inc, adapted the brand and launched it to its American market in March. The products have also taken off in Russia, Portugal and countries of the Middle East.

The potential of penetrating the European market was realised early on by the company, hence the Pan-European designs and packaging which carry instructions in German, French and Spanish, as well as English.

However, progress in these countries has been slow, says Mr Keen. "Germany is a hard market to launch into because of their strict packaging (and recycling) laws." This, together with the country's strong manufacturing industry, means a brand has to be strong and well-established before it can be a success, he adds.

The next step for Kiddiwinks on the international front is the

appointment of an export manager to look at opportunities in Scandinavia and to research and take on suitable distributors in various countries in Europe.

## Looking ahead

A relaunch often needs fine tuning once it's been up and running for a while. LWG has realised this and is already looking at how the brand and its marketing can be improved.

The marketing team has recognised that it is the novelty and impulse purchase products, as opposed to utility products (teats and normal bottles), that has drawn customers to the brand in the first instance. Mr Keen says product development will move in this direction. "We have become a sales and marketing-led company rather than a product-led one."

As a result, a post-launch research programme is planned for this year and a junior design technician has been appointed to look at packs, leaflets and presentation. New pack designs are currently being developed to

highlight the unique selling points of some of the lines.

Quality and safety are also high on the company's list of priorities. "Compared to other competitors we have the largest percentage of goods manufactured in the UK and we have tried to source (manufacturing) in Europe rather than in the Far East," adds Mr Keen.

Kiddiwinks also has its finger on the pulse of the latest changes in EC product safety legislation. As one of the product managers sits on the appropriate committee the company has an insight into imminent safety regulations, which can be built into new products.

LWG plans to develop the range to encompass an older age group in the future (currently it reaches up to two and a half year olds) with the introduction of a romper suit and educational toys that progress the Kiddiwinks character.

## Teat wars

Feedtime and novelty products have done well so far. However, Mr Keen has attributed weak sales in the standard products, such as teats and bottles, to price wars between competitors buying cheap products from the Far East. He believes that the market does not need to undersell itself as it affects retailers' price margins. As a result Kiddiwinks is concentrating on the quality of its packaging, believing people are more likely to choose quality products that are packed well.

Last year, most of the

## Sales break down

Rattles, toys, teething 30%  
Soothers 20%  
Bottles 15%  
Feedtime 15%  
Teats 10%  
Miscellaneous 10%

## Company Profile

- Family-owned started in 1885
- Turnover £12 million
- 220 employees worldwide, 130 in UK alone
- 1980s Binky Inc bought in New Jersey, US
- 1994 Relaunch with Kiddiwinks brand

£250,000 advertising and PR spend went to the trade press in a bid to establish the new brand and to ensure full distribution and availability. By contrast this year's £300,000 spend will be aimed at the consumers.

Some of the initiatives planned include 'baby on board' car stickers distributed through consumer magazines, sampling, and price promotions on babywipes, nappy bags and bottle brushes planned for May.

Five new products are to be introduced in June: a rocket bottle designed for stability; a soother leash which complies with EC safety standards; an insulated bottle carrier; knife fork and spoon set; and a baby's first cup. Bibs are planned for launch in August.

As for the long-term future of Kiddiwinks and LWG, Mr Keen believes it will be firmly based on quality, safety and research.





# Bringing up baby

*Bringing up a baby is an expensive business and is further fuelled by parents wanting to provide the best for a child. But how do they choose what to buy?*



© Anthony - Interact

**T**he shopping list that comes with a new baby is as long as a piece of string, and can reach an alarming grand total. Where do you start? Cot, pram, clothes, nappies, bottles, toiletries, food and drink, medicines, cuddly toy...the list is endless. So it comes as no surprise to hear that a mother's total average spend on baby consumer/disposable goods alone in an infant's first two and a half years adds up to £1,100.

The baby care market is growing every year alongside the rising birthrate. According to FSA data, 776,000 babies were born in 1994 compared with 742,000 the year before. This year the figure is estimated to rise to 795,000.

Mothers are also postponing motherhood to later in life. The average age of first time mothers is 27 and, in 1991,

over 65 per cent of all first time births were to mothers aged 25 years or over.

Older mothers have also been found to spend more money on their babies. This, together with the baby boom, has resulted in more companies entering the baby care market in the hope of cashing in on this growing and profitable business.

## Feeding the market's desires

Innovation is the name of the game for manufacturers of baby feeding equipment. When you next come across yet another 'unique' feeding bowl or 'revolutionary' drinking cup, spare a thought for the designers brainstorming with marketing whizzkids to find the next bestseller.

However, innovation is not the only factor that parents take into

account when choosing products for their baby. Safety and quality are just as important and manufacturers are having to abide by EC directives on the safety of baby products.

Pharmacies (excluding Boots) now account for 22 per cent of sales of bottles, teats and soothers, according to the latest figures from FSA. The overall market for these products rose by 6.7 per cent in 1994 with soothers leading the way.

Maws puts this down to premium products coming onto the market such as its Glow in the Dark Soother and Resolve Silicone Teat which, the company says, is its best selling product.

From this month the Resolve range will expand to include a latex version in both standard (twin pack, £0.99) and orthodontic (twin pack, £1.19); an orthodontic silicone option (twin pack, £1.99); and a 250ml patterned bottle with an original

silicone resolve teat (£1.99).

Maws is investing £250,000 in the brand this year which includes advertising for Resolve in the Bounty Babycare Guide. The Maws Resolve range will also be available with a special launch bonus from Cow & Gate, who represent Maws in the independent pharmacy sector.

Jackel International has responded to the trend in innovation and quality with the introduction in March of the Pür Natur range which is designed specifically to support the breastfeeding mother.

The range includes Natüreflow teats, its own version of the silicone anti-colic teats currently being promoted by other manufacturers, which the company says is ideal for feeding expressed milk or for a transition from breastfeeding to bottle.

Other products in the range include a disposable feeding system and a user-friendly breast pump which uses the thumb to express the milk. The range is complemented by new shaped bottles designed for extra comfort for mother and baby, standard bottles and nipple shields.

The Pür Natur deal, available until the end of April, costs £89.95 and includes free stock worth £65.86 giving a trade POR of 48 per cent.

Laughtons & Son has entered the baby care market with the launch of Bübelle, a baby care range of 31 products that includes feeding equipment as well as toys.

The company, which makes Lady Jayne hair grooming products and Manicare says it has entered the baby care market because of its well-established



Laughtons & Son spring into the baby care market with Bübelle

distribution into independent pharmacies, apart from social factors such as the rising birthrate, older first time mums and higher spending levels.

As well as staff education leaflets, Laughtons is also offering pharmacies a special offer on its stocked and planogrammed 0.75m Bübelle display unit.

The Cannon Babysafe range has been relaunched with new packaging backed by a £250,000 promotional spend.

A Babysafe Milk Powder Dispenser (£3.99) is introduced this month. The product allows fresh formula milk to be made up and carries three pre-measured quantities of milk powder in a small sealable unit.

Cannon is also introducing

Continued on p8



Cannon Babysafe introduces a milk powder dispenser



Quest complements its Nuk range with new teats and soothers



Jackel launch Pür Natur for the breastfeeding mother



Saver Soother Set — new from MAM



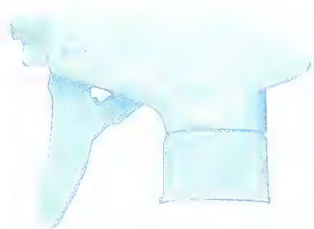
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on our new babies

(talk about being brainy)

with a silver spoon



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Continued from p6

Avent soothers (twin pack, £2.99); a Twin Bottle Carrier (£9.99); and the Avent Disposable, a feeding system that allows mothers to express milk directly into bags for storage.

The company plans to refine the Avent Steriliser and Breast Pump later this year, and bring in a new range of characters for the Avent Trainer Cup and Cannon Babysafe bottles.

Quest Consumer Products has launched another cross-cut hole test (size 2) in the Nuk range suitable for thicker fresh juices and aimed at children between 6-18 months and three years, and a size 3 soother aimed at toddlers over 18 months. Nuk has also introduced two new colourways and upgraded its Sleeptime soother.

Quest is supporting the brand this year with advertising in the parenting press and POS for retailers.

MAM has introduced a combination set of their most popular products. The Soother and Saver set (£3.35) is available in six different designs, and comes in outer packs of 12.

It is only natural for parents to worry when their vulnerable baby is sniffling with a cold or crying with pain. More often than not the ailment is self-limiting and can be treated simply with an over the counter medicine.

Paediatric analgesics sales rose by 5.9 per cent in 1994 to £19.66 million; sales of nappy rash treatments were up by 7.5 per cent to £7.56m; and teething gels by 14.8 per cent to £777,000 (Nielsen data).

Mothers are more likely to ask advice from the pharmacist on a child's cough than a cold, according to a survey carried out by the charity Sense linked with

Wright's Electrical Vaporizer.

While 30 per cent of mothers approached a pharmacist about coughs, only 26 per cent sought advice on colds. The majority went to the doctor for coughs compared with less than a third for colds.

However, colds were thought to be more contagious than coughs. Of the 1,000 mothers with children under five almost half said they usually caught their children's colds.

The main source of coughs and colds was said to be from playgroup and nursery classes. Few mothers believed environmental factors such as getting wet and playing outdoors played a part.

Crookes' research has found that colds are no longer confined to the winter season with adults suffering an average four colds a year and children double that. Almost three quarters of those questioned placed pharmacist recommendation as the number one priority when choosing an over the counter remedy.

The Junifen Fever Fact File has been developed by Crookes. It takes a question and answer format and offers consumers information and practical advice on how to cope with a feverish child.

Pharmacies can order copies of the two-page file to hand out



Tixylix is being supported by a £800,000 promotional package

to customers by writing to the Junifen Fever Fact File, PO BOX 193, Nottingham, NG3 2HA.

Crookes Healthcare has also repackaged Karvol with a modernised logo and a softer image which, the company says, emphasises the brand's gentleness and approachability while maintaining its heritage and efficacy messages.

Last year's £1 million investment in the product concentrated on advertising, sampling and educational leaflets. In addition, PR has focused on the Karvol Sleep Management Initiative, a community service for health visitors to tackle sleep problems

in children.

Reckitt & Colman has commissioned Disprol badges especially for distribution by pharmacists, doctors and dentists. They feature the brand's beaver characters carrying the slogans 'I've been brave' and 'Free from fillings' to highlight the sugar-free formulations.

Consumer leaflets on childhood pain are also available to pharmacies by writing to the medical information unit at Reckitt & Colman.

Intercare Products has been supporting Tixylix with a £800,000 package this winter which included a TV and press advertising campaign and pharmacy POS merchandise.

The Tixylix brand has a 40 per cent share of the over the counter coughs and colds sector, with Night-time the top selling children's cough medicine (Nielsen, Nov/Dec 94).

Tempa dot thermometers (£1.49 for an envelope of 8 thermometers, 50 envelopes in a box) previously available in hospitals, are being distributed to pharmacies via The Parkside Distribution Centre, 12 Parkside Avenue, Salford, Manchester M7 4HB.

The thermometers, which come in Fahrenheit and Celsius versions, are sterile, single-use and disposable and can be used in the mouth or under the arm.

They claim to be as accurate as glass mercury thermometers and easy to use and read. The mechanism of action is a sensor matrix of organic chemicals that are heat sensitive.

Robinson Healthcare is planning to develop its forehead thermometer Feverscan later this year to incorporate technological advances and maximise safety and convenience.

Goldshield Healthcare has created colourful point of sale material to support Infaderm, specifically for pharmacies.

The new material identifies with the animals found on the Infaderm packs and includes dispenser, showcards, shelf edgers and consumer leaflets. An animal mobile is also available for hanging in the pharmacy.



Crookes provides consumers with practical advice in the Junifen Fever Fact



Disprol consumer leaflets and badges for children are intended for distribution through pharmacies



Karvol: repackaged with new logo and a softer image

Keep 'em squeaky clean

Vantage has extended its Baby Thick Wipes range (fragrance and fragrance free) to include a pack size of 40s (£1.49) which is said to be ideal for travelling. They are available in outer packs of six with POR of 34.5 per cent which includes a 10 per cent retrospective discount. The existing packs of 84s have been redesigned and repackaged with consumer-friendly graphics and harder container.

● Scott has relaunched Baby Fresh, the brand with a 20.5 per cent share of baby wipes sales in pharmacy, to incorporate new designs and lotion.

The new packaging is said to be more durable, of a higher quality than before, and more convenient to use. New 48 count tubs replace the old 42 count ones, and the new lotion is claimed to have an improved cleaning performance and fragrance.

Scott estimates 2,736m wipes with a retail value of £61.7m were purchased during 1994. Around 85 per cent of mothers of babies aged up to two years buy wipes, the company says.

● Ramer is to repack its range of sponges in the baby care range. The new packaging will carry the 'moist symbol' which is unique to Ramer sponges. The company is also introducing more vibrant shades of pink, lilac and red in late spring to complement the existing pastel colour range. A Soft as Silk (£1.95) flannel for babies is also being introduced.

● Colgate-Palmolive is producing leaflets on looking after babies' teeth this spring. They will be mailed out to mothers via the Cow & Gate's 'In Touch' programme. The leaflets also contain a money-off voucher against purchases of Colgate 0-6 and Colgate Mini-Junior toothbrushes.

The overall children's segment of the market represents 11 per cent of the total market in value terms and is up 18 per cent in 1994 against 1993.

● Cussons's Carex, which is targeted directly at parents of babies and young children, now holds a 13.1 per cent share of the liquid soap market (IRI Infoscand Dec). Advertising and PR has been planned for this year which has included a half a million sample drop of a replica 15ml blister pack to homes in and around the London area in February. Packs also carry money-off coupons.





Sudocrem has won the 1994 Gold Award for product excellence in the toiletries/skincare category of the *Mother and Baby Magazine* Awards.

Sudocrem antiseptic healing cream, which has survived in the market for over 60 years, has a 79 per cent share of the nappy rash market, according to FSA data for Nov/Dec 1994.

The promotional spend for this year is expected to exceed £1 million and will include

advertising in the mother and baby press and building on the close links that Pharmax Community Care has forged with health professionals. Product sampling is also planned and is expected to reach over 1.25m mothers through the Bounty pack scheme.

Pharmax is giving away booklets on the development of babies in the first three months of life and on travelling with young children.

AAH Pharmaceuticals and Unichem have each launched their own brand of antimony- and phosphorus free cot mattress protectors.

AAH's mattress cover (£14.75) fits cot mattresses of up to 24in by 48in and is backed with polyurethane. The protector is also dustmite proof and machine washable up to 60°C.

Unichem's mattress cover (£10.99) is water-proof and non-allergenic and is made of coated polypropylene fabric to give added durability.

● A recent study in *The Lancet* found no evidence of an increased risk of cot death associated with an integral PVC cover.

Mikey Diaper has been launched in the UK as a non-disposable all-in-one product set to rival the conventional nappy.

The Chauson Company says the Mikey Diaper has already proved popular in Australia, Sweden and Canada and believes it will prove a serious challenger to the nappies most used in the UK.

The diaper is available in single trial packs as well as six-packs in three sizes: small (6-12lb) £4.75, six for £28.50, medium (12-22lb) £5.25, six for £31.50, and large (over 22lb) £5.75, six for £34.50.

Chauson is supporting the product with advertising and sampling.



Huggies achieved a 988 per cent growth last year to become the UK's fastest growing brand, according to the *Marketing/Nielsen* 1994 Biggest Brands survey.

Kimberly-Clark launched the brand over a year ago and already it holds a 23 per cent volume share of the country's

nappy market (FSA Sep/Oct). The total UK nappy market stands at £460 million. The brand was introduced in France and Belgium in January.

The launch of the new Huggies Stay Dry System is to be supported by a £5m TV and print advertising campaign.



Carex uses sampling and money-off coupons

Colgate has produced a leaflet on babies' teeth



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better

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With over 25 years of manufacture of tried and trusted baby medicines, you know you can recommend Dentinox with confidence for use from birth onwards. So whether it is wind and griping pains, cradle cap or teething — trust Dentinox to make it better.

Active ingredients: **Dentinox Infant Colic Drops** - Activated Dimethicone, **Dentinox Teething Gel** - Lignocaine Hydrochloride BP (Lidocaine Hydrochloride INN), Cetylpyridinium Chloride BP, **Dentinox Cradle Cap Treatment Shampoo** - Sodium Lauryl Ether Sulpho-succinate, Sodium Lauryl Ether Sulphate. Licence held by DDD Ltd., 94 Rickmansworth Road, Watford, Herts WD1 7JJ. Further information available from: Dendron Ltd., 94 Rickmansworth Road, Watford, Herts WD1 7JJ. **GSL**



Reckitt & Colman has extended its antiseptic Dettol range with the launch of Dettol Antibacterial Liquid Wash which the company says is ideal for mothers of young babies.

The liquid wash (250ml pump action, £1.69) kills bacteria found on the mother's hands such as *Staphylococcus* and so protects the baby from cross-infection. It also contains special moisturisers and is pH balanced, soap-free, dermatologically tested and biodegradable.

Free samples will be

distributed through all 'Mother To Be', 'New Mum' and 'Babies Progress' Bounty Packs.

• The Dettol range of antibacterial cleaners which include cleanser, floor and surface cleaner and room spray are being targeted at mothers and their babies.

Reckitt & Colman suggest the use of Dettol in the following areas: floors to protect crawling babies from infection; cots, high chairs and play pens; and toys and plastic bibs. Dettol room spray used after nappy changes neutralises the odour and kills the germs that cause the smell.



# Weaning on a vegetarian diet

*Are vegetarian diets suitable for babies, and how easy is it to wean a baby onto this type of eating pattern?*

*Dietitian Juliette Kellow BSc SRD looks at the problems*

Although the term 'vegetarian' is used to describe a range of diets, meat, poultry, fish and eggs are commonly excluded. Because these foods provide many nutrients, their elimination from the diet can have an important impact on nutritional status if suitable alternatives are not provided.

Breast milk or infant formulae provide a baby with all the nourishment needed in the first few months, and should be given as the main drink throughout the first year.

For mothers who do not wish to breast-feed, standard infant formulas (based on modified cows' milk) suit vegetarians. But for vegan babies, a soya based formula is the only alternative to breast milk; unmodified soya milk is unsuitable for all infants.

Weaning a baby onto a vegetarian diet is the same as weaning any other infant. Small amounts of food of an appropriate texture and consistency should be introduced between four and six months, until a wide range is accepted.

However, because babies have high nutritional requirements in relation to their size, vegetarian weaning diets need to be properly planned.

Poor nutrition is most likely to occur in babies given severely restricted diets, eg vegan diets. Parents who want their baby to follow such a diet should contact their GP or health visitor for advice.

## Alternatives to meat

Foods such as eggs, pulses, smooth nut and seed pastes, quorn, and soya products such

Dendron, maker of Dentinox Cradle Cap Shampoo, says there is still more potential for pharmacists to expand sales in this area.

Recent research has shown that 15 per cent of parents

are still using soap and water, oils or nothing for treating cradle cap.

But Dendron says its product is still showing strong growth in pharmacy because mothers are discovering the convenience of a two-in-one product that treats the cradle cap and washes hair and scalp at the same time.

A shelf organiser is still available for pharmacies for the display of the full range of Dentinox products.

The products are being supported with advertising in the professional and consumer press during the course of this year.

Lotion E45 now comes in an economical, user-friendly pump dispenser.

The 500ml pack retails at £5.75 and is an addition to the existing 200ml size (£2.99). Lotion E45 together with other lines in the E45 brand will be supported by a £4 million campaign that includes press advertising and advertorials together with sampling activity planned for summer roadshows. A trade support package and

tailor-made promotions are also being developed.

Crookes are also giving away a 44-page booklet 'Growing Pains' for pharmacists to display in the pharmacy and encourage purchase. The booklet costs £1 and all money raised will be used to purchase toys and play equipment for children's hospitals and long stay wards.

Leaflets on infant skin problems are also available to consumers via pharmacies.



## Baby Savlon makes its mark

Zyma Healthcare has estimated that Baby Savlon will take at least a 5 per cent share of the £69 million baby toiletry market this year.

Baby Savlon which was launched in January and marks the brand's entry into the baby care market is to be supported by a £2 million support package. The campaign has kicked off with consumer press advertising and sampling through the Bounty packs given out to all new mothers. Trial pack sizes have also been made available to retailers to encourage consumer purchases.

The campaign aims to reach over 95 per cent of Baby Savlon's target audience and will include national PR activity.

Over 80 per cent of health visitors and midwives will also be targeted throughout the year via trade fairs, specialist publications and one-to-one product demonstrations.





as tofu, should be given. These foods provide energy (calories), protein and many vitamins and minerals. Babies aged six to nine months need one serving daily from this group; those aged nine to 12 months need two servings.

Pulses, such as lentils and kidney beans, can be introduced between four and six months, but may need to be pureed and sieved to remove the skins. Because baked beans (and other canned pulses) usually contain large amounts of sugar and salt, reduced sugar and salt varieties should be chosen. Eggs may be introduced from six months, but should be cooked until both the white and yolk are solid.

### Dairy products

Cows' milk, cheese and yogurt also make an important contribution to nutrient intakes. These foods provide energy, protein, calcium (for healthy bones and teeth), zinc, vitamin A, and the B group vitamins, especially B12 which is found

only in foods of animal origin. This makes milk and dairy products especially important for babies on vegetarian diets.

Foods such as plain yogurt, unsweetened custard and cheese sauce, can be given from four months. Small amounts of whole cows' milk can be used to mix with cereals and other foods from six months, and can be given as a main drink from one year.

Vegetarian cheeses (made using rennet substitutes which are not derived from animal products) are suitable and have the same nutritional value as non-vegetarian varieties.

### Starchy foods

By six months, a variety of starchy foods, eg bread, cereals, potatoes, pasta, rice and yam can be included. These foods are good sources of energy, protein, vitamins (especially the B group), minerals and fibre

● **Energy** Vegetarian weaning diets are often bulky and filling

## Type of vegetarian

'Semi' or 'demi' vegetarian
Lacto-ovo-vegetarian
Lacto-vegetarian
Vegan

## Description of dietary restriction

Excludes red meat, and possibly poultry. Fish and other animal products are eaten.
Excludes red meat, poultry and fish. Eggs and dairy products are still consumed.
Excludes red meat, poultry, fish and eggs. Dairy products are still consumed.
All foods of animal origin are excluded.

because of their high fibre content; individual foods may also be low in energy.

Consequently, some infants may be unable to eat enough food to supply the nourishment needed for growth. So, inclusion of nutrient-rich foods such as eggs, cheese, bread, cereals and pulses, is very important

Fat, in moderation, is a useful source of energy and the fat-soluble vitamins for babies, and parents should be discouraged from providing a low fat diet.

● **Fibre** Too much fibre during weaning may cause abdominal

discomfort or diarrhoea, and can even decrease absorption of certain nutrients, particularly iron, calcium and zinc. Low fibre cereals and white bread are therefore more appropriate than wholemeal varieties during the early stages of weaning.

● **Protein** The protein in foods from animal sources contain all the essential amino acids needed for growth, whereas foods from plant sources lack one or more of these. However, if a mixture of foods from plant sources are eaten, the amino acids they contain will complement each other (see table).

● **Iron** A healthy baby is born with stores of iron sufficient for four to six months. But after this time, iron stores are usually depleted and requirements for this nutrient need to be met from the diet.

### Iron rich foods

During weaning, needs for iron can be achieved by including iron-rich and iron-fortified foods, together with breast milk or infant formula. Red meat, offal, and products made from these foods are the best sources of easily absorbed iron.

For babies being weaned on diets excluding meat, it is essential to provide other iron-rich foods, eg eggs, pulses, green vegetables, fortified bread and breakfast cereals. However, the iron in these foods is less well absorbed by the body than the iron in meat.

But vitamin C (found in citrus fruits and their juices, blackcurrants, tomatoes, kiwi fruit, strawberries, and new potatoes) helps absorb iron from eggs and plant foods, and a source of this vitamin should be eaten at each meal. Conversely, tannins in tea reduce the absorption of iron from food and so drinks of tea should be avoided, particularly at mealtimes.

● **Vitamins and minerals** Intakes of calcium, zinc, riboflavin and vitamin B12 will normally be adequate if milk and dairy products are consumed.

However, if these foods are excluded, babies may be at risk of deficiencies of these nutrients, especially vitamin B12. Vitamin B12 supplementation is therefore needed for most infants following vegan diets.

Vitamin drops containing vitamins A, C and D are important for babies being weaned on vegetarian diets, and should be given to all breast-fed infants from six months, or earlier if the mother's diet is poor. For babies drinking more than 500ml of formula or follow-on milk, vitamin drops are not needed until one year.

● Many leaflets on weaning are available. For more information about iron-rich foods, write to: Education Department (CD), National Dairy Council, 5-7 John Princes Street, London. W1M 0AP

## Examples of plant foods which complement each other in the amino acids they contain:

- Bean casserole and rice
- Bean soup and bread
- Baked beans and toast
- Lentil curry (dahl) and rice
- Lentil soup and bread
- Smooth peanut butter\* and bread
- Houmous (chickpea spread) and bread
- Rice pudding (rice and milk\*\*)
- Semolina pudding (semolina and milk\*\*)
- Bread and butter pudding (bread, milk\*\* and eggs\*\*\*)

### Other complementary combinations:

- Breakfast cereal with milk\*\*
- Porridge made with oats and milk\*\*
- Bread and cheese
- Bread and eggs\*\*\*
- Macaroni cheese

\* Because of the risk of choking, whole or crushed nuts should not be given to children under 5 years old  
 \*\* Whole milk (silver top) should be used because of the extra energy and vitamin A provided.  
 \*\*\* Eggs should be cooked until both the white and yolk are solid.





# Proprietary brands boost share

Market researchers FSA take a look at how the baby care market shaped up in 1994 and find it contrasts well with other, more sluggish, consumer markets

During a year of gradual recovery in the economy as a whole, the baby products market grew by 6 per cent in sterling for the 12 months ending December 1994. The increase in the market was fuelled by a small rise in the birth rate and mothers' increased preparedness to part with their money.

In contrast with most other consumer markets, baby products witnessed a trend that saw private label brands decrease in importance while proprietary brands became more important in the marketplace.

Despite product introductions from grocers and from Boots, mothers are still looking for the reassurance of branded goods when buying for baby.

The feeding sector was characterised by the acquisition of two leading brands by two top manufacturers.

Heinz purchased the Farley's

brand (encompassing dry foods, drinks and milks) from Crookes Healthcare, while Cow & Gate Nutricia completed the acquisition of the Robinson's dry food brand.

Overall, baby foods grew in value by 7 per cent, with the bulk of the increase coming from the wet food sector.

Elsewhere, a battle is raging between two leading nappy manufacturers. Pampers continues to be the premier brand in the UK market, but has faced a challenge from Kleenex Huggies over the past year.

## Total baby products: outlet shares (£) Year ending Dec 1994

Total pharmacies	33%
Total drugstores	6%
Total grocers	53%
Other outlets	9%

## Total baby products: annual volume growths by major product field (1994 v 1993)

Milks (inc soy)	+7%
Wipes	+4%
Foods	+4%
Bottles	+3%
Toiletries	+2%
Nappies*	+1%
Sterilants	-1%
Rusks	-2%
Drinks	-5%

\*Exc training pants

Increased advertising, aggressive marketing and product innovation have been paramount in a heavyweight battle to hold dominance of what is a vitally important market not only to nappy manufacturers but, of course, to retailers.

In general terms, any successful baby products retailer

has to offer mothers what they want in the nappy market.

In 1995, the baby products market is expected to be characterised by continued promotions and competition between brands.

The larger manufacturers are expected to continue to put pressure on their smaller competitors.

FSA Ltd are suppliers of market research data to all of the major manufacturers involved in the baby products business. By sending questionnaires to mothers of babies up to 30 months old FSA has a sample size of 36,000 per year to provide unique data to both manufacturers and retailers.

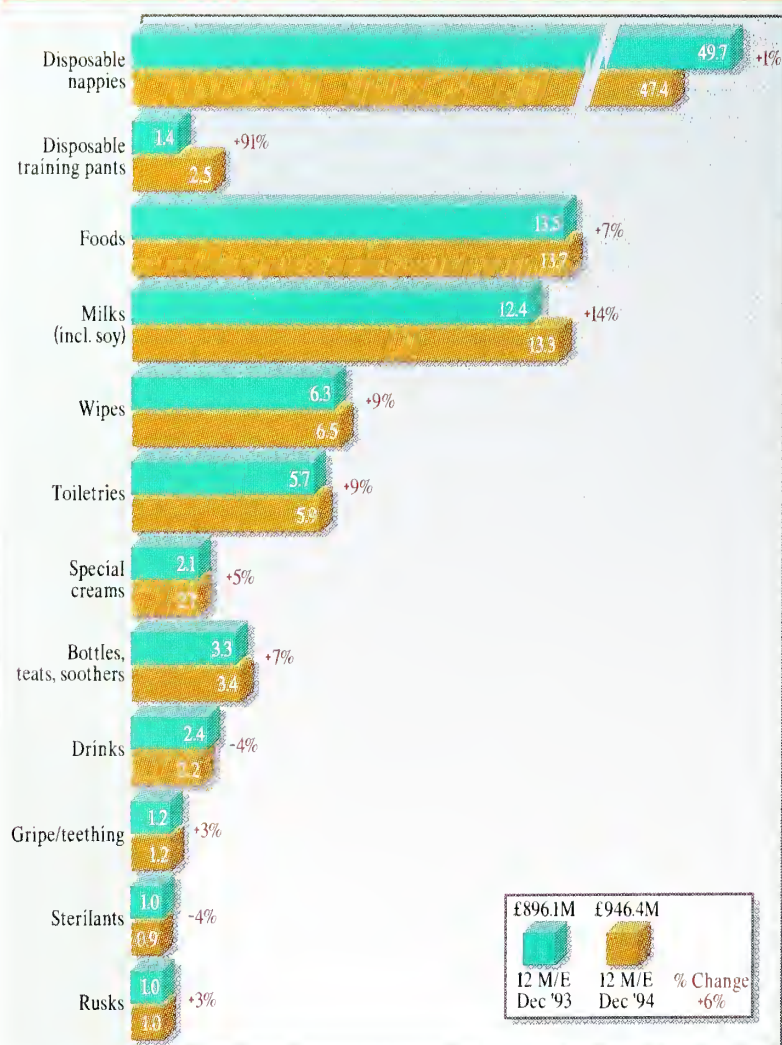
## Market values 1994

Category	(£M)	Y/Y Change
Disposable nappies	448	+1%
Baby Foods	130	+7%
Baby Milks	126	+14%
Baby Wipes	62	+9%
Baby Toiletries	56	+9%
Disp Training	23	+91%
Pants		
Baby Drinks	20	-4%
Nappy Rash	20	+5%
Creams		
Sterilants	9	-4%
Rusks	9	+3%

## Total baby products: outlet shares (£) year ending Dec 1994

	Total pharmacy (inc Boots)	Total grocers
Disposable nappies	24%	60%
Baby foods	37%	57%
Baby drinks	47%	45%
Baby milks	33%	49%
Baby wipes	39%	47%
Disp training pants	29%	64%

## TOTAL BABY PRODUCTS ANNUAL SECTOR SHARES



Source: FSA

## Trends and brand shares (non-feeding markets) Year ending December 1994

Toiletries	£56m	+9%
Top two brands	Over 75%	
Other private label	14%	
Others	9%	
Nappies	£448m	+1%
Top two brands	85%	
Other private label	6%	
Others	4%	
Wipes	£62m	+9%
Top two brands	45%	
Other private label	30%	
Others	24%	
Feeding bottles, teats and soothers	£32m	+7%
Top two brands	47%	
Other private label	15%	
Others	36%	



# Upheavals in the babyfood business

It's been a busy 12 months in the infant nutrition business, with major consolidations and some new names entering the frame.

Robinsons sold its foods business to Cow & Gate in April 1994, while the Heinz purchase of Farley's went through in July. Baby Organix, a high profile niche brand, is making a determined attempt to gain distribution in the pharmacy sector, as is the German company Hipp.

Heinz might be taking a closer look at the pharmacy

sector now it has Farley's under its wing. There has been no activity of note from Farley's in the past six months, although that will soon change.

The indications are that Heinz is planning to invest in both the foods and milks parts of the business, although the company declines to comment.

Good news is that the recovery in the birthrate seen last year is expected to continue into 1995 as couples who delayed starting a family because of the recession are becoming first time parents.

Although volume sales have remained static, price increases have pushed value sales ahead of inflation. The total babyfood sector rose 7 per cent in the 12 months to December 1994 to £129.8m (FSA).

However, it was another year of declining sales for pharmacists. Year end figures for 1994 from Nielsen put the pharmacy babyfood market down 5 per cent to £17.3m with unit sales down 9 per cent at 26 million units.

Hopes that a token scheme for welfare milk would provide increased footfall and a knock-on boost in sales have been dashed. If a scheme had been in place this month, as was hoped, formula sales through pharmacies could have nearly doubled.

Now it is questionable whether the scheme put forward by the Department of Health, which has been rejected by both

manufacturers and pharmacists as financially inadequate, will be resurrected at all.

Certainly Ian Thomas, sales director at Cow & Gate, thinks that if a scheme does emerge, and next year is more likely than this, it may be radically different from the one currently in abeyance. Sainsbury has introduced its own infant formula, he points out, and the supermarkets might not be averse to getting involved.

Sales of infant formulae through pharmacies declined by about 10 per cent last year, falling back to 1991 levels, he says. This is partly due to pharmacists pulling out of health authority schemes when a funding impasse is reached.

On the positive side pharmacists are now recognised under The Infant Formula and Follow-on Formula Regulations 1995. No infant formulae should now be sold unless the label states that "the product should only be used on the advice of an independent person qualified in medicine, nutrition or pharmacy..." The new rules came into effect on March 1, but are not as far reaching as some manufacturers hoped. Niall Bowen, marketing director at Cow & Gate, says the outcome is "disappointing".

The regulations are vaguely couched and he would have preferred a conclusion which allowed pharmacists a part in the education of mothers.



## Milupa moves into retail exchange

The 4,000 or so pharmacists who receive a call from a Milupa rep are now benefitting from the company's new retail exchange policy, a scheme introduced in the north last September and nationally since January.

Short dated stock with a remaining shelf life of four months or less is marked down to £0.99 and the pharmacy credited with long dated product on a 3:1 basis.

The scheme offers Milupa and its retail stockists advantages, says Milupa's marketing manager, Jane Mayall. Baby business through pharmacies is shrinking, and although the company gave credit for old stock, it felt there must be a better way to help the trade. This policy means:

- no product goes out of date
- cut price stock tempts customers into the shop, with the potential for knock-on babyware business

Milupa has also cut the case size from 12 to six across its range (except transfer orders). This means less chance of out of dates and less cash tied up in stock.

Available only to pharmacies is a 'saleable sampler' dispenser offering trial sachets for £0.29. The sachets allow mothers to

try a variety of infant and junior flavours at a reasonable price, says Jane Mayall.

By classifying lines as gold, silver or bronze according to their popularity, Milupa hopes to indicate to retailers which products make up the core 'must stock' range. There are 21 gold lines and planograms are available to help small retailers maximise limited shelf space.

The quest for extended choice is a constant theme with mothers, says Jane Mayall, and range extensions and new sectors like baby sauces are consumer driven.

• Milupa's early response to recommendation in the GOMA report (Weaning and the Weaning Diet) on intrinsic and extrinsic sugar content in babyfoods and drinks is to introduce its own 'sugar policy'. The company has declared that no product will contain more than 7.3 per cent total sugars, just under the level in breast milk.

• Milupa claims second place to Heinz in the total pharmacy market with a share (£) of 26.3 per cent. Heinz are credited with 30.9 per cent, Farley's 21.5 and Cow & Gate 19.8 per cent (Nielsen Dec YTD 1994) but the company is still brand leader in the dry foods market with a 51.5 per cent share.

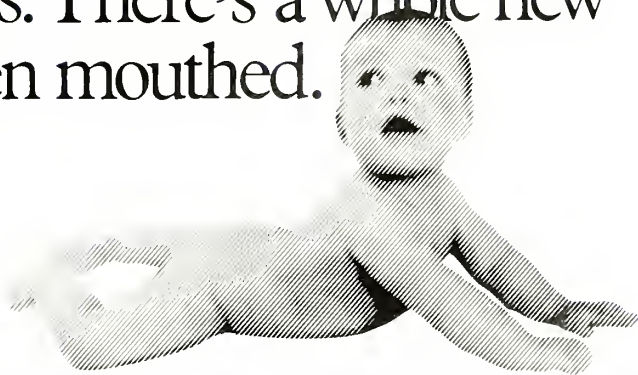


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### Bickiepegs

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Tel: 0224 790626 Fax: 0224 790920.







During the next two to three months Cow & Gate plans to revitalise the whole of its babyfood range.

First to get the treatment is the Olvarit range of wet babyfoods which currently holds a 16 per cent share of the total market. A slimmed down and repackaged range will start coming on-shelf this month.

"There is still a concept that 'home made' is the gold standard, but that does not always mean a good nutritional balance," says Cow & Gate sales director Ian Thomas. "We have an opportunity to reduce consumer scepticism about manufactured babyfoods."

New graphics feature an upweighted C&G logo, clearer age differentiation and a prominent ingredient list designed to emphasise the 'home made' image.

Conscious of the proliferation of meal varieties C&G has cut the range back from 52 to 46 by weeding out slow sellers. Recipes have also been improved.

The thrust of the relaunch is to grow the market, insists Mr Thomas, not to take on the likes of Heinz, although he admits that Cow & Gate's action is partly a response to that company's successful revamping of its range.

In another initiative the company's 20 strong sales team will be offering independent pharmacies a variety of tailored offers with the introduction of a new 'micro management' scheme. Instead of running so many wholesaler promotions, Cow & Gate plans to offer pharmacists a 'menu' of up to 20 promotional deals through representatives.

Between now and the end of June, each rep has been given £3,000 of product (at retail) to 'spend' on setting up local promotions. Once the pharmacist has decided which deal suits him, he will be provided with offer stickers and stock to the value of the offer.

Cow & Gate is also reviewing its education package for pharmacists. The package under development is a 'modular self-learning exercise'. The first

two modules cover milks and weaning. There may also be workshops, either through wholesalers or with local pharmacy groups.

The new scheme may eventually take over from the Premier Pharmacy distance learning scheme, which continues for the present.

On the milks front, Cow & Gate is about to mail point of sale material to 5,000 pharmacies to support Premium Plus and Step-up, the follow-on formula. "There is still a tendency for pharmacists to treat milks as service items," says Mr Thomas.

He is frustrated that despite the position of the company's two infant formulae and the recommendations of the COMA report that 50 per cent of pharmacies do not stock the follow-on milk.

Pharmacies are being presented with a golden opportunity to recapture the initiative this year, according to Heinz.

"With new EU regulations set to enhance pharmacist's official recommender status, mums are more likely to consult them on baby feeding matters," according to Heinz Infant Feeding general manager Roger Hobbs.

Heinz values the baby food market at £130 million, up 7 per cent in the past year. The pharmacy sector's overall share of trade has declined from 44.1 to 40.2 per cent in the 12 months to December, although sterling decline has been less.

Heinz claims its share in independent pharmacies rose from 36.5 to 38 per cent during 1994. 'Other brands', into which organic brands fall, because they are too small to show up individually, still do not account for 1 per cent of sales through chemists.

One of Heinz' main thrusts in the past year has been to extend the brand's suitability for use with home prepared food. "Up to

two thirds of all food consumed by babies is home made, so it makes sense to develop products which will appeal to 'home makers'."

The range of five Pour Over Sauces is intended to enhance the taste of mashed vegetables and meats, where the flavours can be rather bland. The sauces are additive free with added iron and vitamin C, and suitable for babies from four months.

Heinz is putting £10m behind baby feeding in the current year. A quarter of this sum funds a direct marketing campaign reckoned to reach 80 per cent of mothers with babies under a year — some 600,000 in all.

Consumer advertising in the parentcraft press is backed up by sampling to half a million mums through the Bounty Progress pack.

Farley's claims to have survived any disruption caused by last Summer's take over without any damage to its share of the babyfood sales through independent chemists, according to Heinz.

In the £9.2m rusks market the brand claims a 3 per cent increase in market share in 1994 to 80.4 per cent. Independent chemists account for 16.3 per cent of sales, up 5 per cent year on year.

Heinz says Farley's is now leading Milupa in the dry foods market. Farley's claims a record high share of 43.8 per cent in November and December 1994, compared to Milupa's 34 per cent slice of the sector. The brand's share in independent pharmacies is 22.4 per cent compared to 19.3 per cent in the year to December 1993.

The milks market was worth £123.8m last year, up 14 per cent in sterling terms, and Farley's claim a total share of 12.5 per cent.



Hipp, the German baby food manufacturer, has launched its organic baby food range in the UK backed by a £1 million marketing programme.

The range, which includes 16 lines of organic meals and cereals, was trialled for a period last year and is being initially launched to multiples and supermarkets. The independent wholesalers are also being targeted for distribution.

Advertising is planned in the specialist mother and baby press and the health professional press. Leaflets, samples and coupons are being distributed through Bounty Baby Progress Packs.

The consumer is also being targeted via advertising in the women's press, radio which kicks off in May, and TV in June.

Hipp is family-owned and started making baby foods in 1932. It now has a 50 per cent brand share in Germany.



## Baby Organix crosses the pharmacy's door

Anyone hearing the story of how Baby Organix started out in 1992 will think of 'that film' with Diane Keaton. *Baby Boomers*, says Lizzie Vann helpfully. As the company's founder and managing director she has heard the comparison made before.

In a relatively short time the company has gained distribution in most major supermarkets, and is now looking to broaden distribution into the pharmacy sector. The range is already available through Enterprise, and the company is at the preliminary stage in talks with AAH and Unichem.

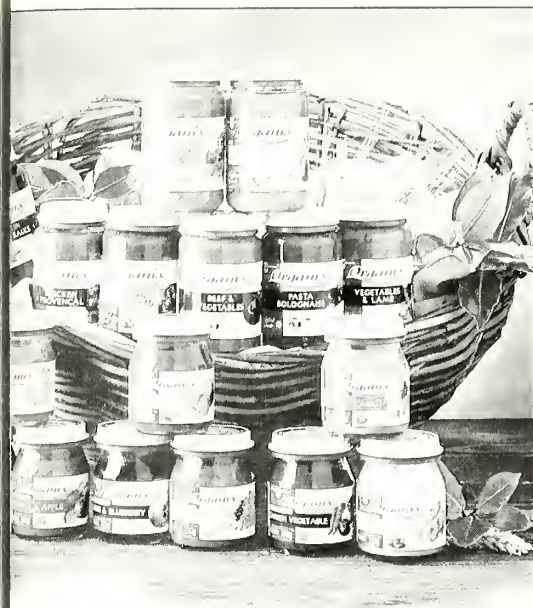
Baby Organix's USP is that it uses 95 per cent organically grown and bred ingredients in its products. The range is not vegetarian, but ingredients do adhere to the strict guidelines of the Soil Association.

Although still a niche brand — Ms Vann is expecting turnover to go over £2 million at retail this year — Baby Organix is beginning to be noticed by the larger players in the market. Direct competition comes from the Boots' Mother's Recipe label; Hipp, another newcomer; and the limited organic range from Milupa.

Explaining the desire to broaden distribution, Ms Vann says: "We have to have volume on the manufacturing side. Our strategy is to go for high volume, low margin sales. Now we have established the product range, we want to go to the independent pharmacist."

Enterprise was seen as a good wholesaler stockist as it has a strong merchandising team. It's sales drive began in March. "We are intending to sell product through the pharmacy trade at





the same price as the supermarkets," says Ms Vann.

She hopes to be able to offer a more tailored package to pharmacists than is possible to the more inflexible multiples. We can direct people who contact us to their nearest stockist, for example."

The range, which is priced at a slight premium to the main brands, is made up of:

- Stage 1 meals (100g jar 0.53), nine varieties
- Stage 2 meals (190g jar 0.78), nine varieties
- Stage 1 infant cereals (150g 1.75) four varieties
- Stage 2 infant cereals (1150g 1.75) four varieties
- Pasta (250g £0.80) and sauces (190g jars £0.78) suitable from seven months.

In its short life Baby Organix has picked up some notable accolades. In 1993, Lizzie Vann on the European Woman of Achievement award, but more importantly, her babyfoods were voted 'best product of the year' in the 1994 Mother and Baby awards.

Promotion of the range still relies heavily on PR, although a direct mail programme is claimed to reach 50 per cent of all health visitors.

Ms Vann claims customer enquiries to the company are currently running at around 2,000 a year.

A six month trial to include literature and trial samples in county progress packs (for mothers with four month old infants) is due to start soon. There are plans to publish a baby recipe book later this month, which could go through pharmacies.

All the lines are manufactured in the UK through a joint venture set up with East Anglia-based company Steven Lane Ltd. Going organic means complying with probably the most strictly audited food chain in the country, says Ms Vann,

which excludes using excipients such as multivitamin, colour enhancers and other additives.

The debate over the place of long chain polyunsaturates continues to rumble on. Despite the initial scepticism of its competitors Milupa is able to point to a growing volume of research to support its case.

The battle in pre-term milks is already won. Milupa's preterm formula Prematil went from fourth place to take market leadership last March in less than 18 months. The conflict now centres on whether LCPs should be part of a first milk.

Joe Eastwood, scientific consultant to Milupa, has a jaundiced view of the competition's tactics. "LCPs are the biggest thing that has happened in the past 20 years. We are seeing one thing at a scientific level and another at a marketing level." But he notes a "toning down of disparaging comments" and "a not particularly subtle

change of approach."

Aptamil with Milupa shows a 50 per cent year on year growth — from a small base — to an 11.9 per cent share of the whey-based infant milks sector in pharmacy, up from 2 per cent in September 1993.

Adrian Kelly of SMA Nutrition still contends there is no solid evidence that LCPs are required in a newborn formula. He says it is something SMA has spent a lot of time looking into. "We will not introduce LCPs until we get it right," he says.

Ian Thomas of Cow & Gate adds: "There is no clear case and no official body is pushing it in the UK," he points out. "It would not surprise me if we eventually put LCPs in our baby milk, but that would be to get the formula nearer to breast milk than because of any effects on brain or retina development."

After some appallingly bad publicity in recent years which has made a distinct dent in sales, manufacturers are doing little in the drinks sector other than keeping the products on shelf.

Latest estimates (FSA December 1994) value the market at £20.4 million split into concentrates (£9.7m), ready to serve (£8.2m) and granulated (£2.5m).

Cow & Gate takes the lion's share of sales (£) with 27 per cent followed by Robinsons at 16 per cent and Beechams at 13 per cent. Milupa clock in at 6 per cent and Heinz at 3.5 per cent. Boots has a sizeable 21 per cent chunk of sales.

This market has become the preserve of the grocers who account for 45 per cent of sales, followed by Boots with 34 per cent and other chemists/drugstores with 16.5 per cent.

The bulk of sales, some 60

per cent, come from babies aged between 4-12 months.

Concentrates sell mainly to mums with babies aged between 4-18 months, while ready to serve cartons are more popular with children over a year.

SMA Nutrition's message for 1994 is that it was a successful year. In the pharmacy sector market share was up 2 per cent to 39.7 per cent.

Not surprisingly, given the endorsement of the recent COMA report, follow-on milks have been the major growth area. Like other companies, SMA is still feeling its way with the new regulations on infant formulae. There are still a number of grey areas. "For the next year we will have to suck it and see. Interpretations may differ," says SMA's marketing planning manager Adrian Kelly.

For the last few years SMA has had an education programme in place for pharmacists. With an eye to the pharmacist's new role as an independent advisor the company has developed a newsletter, Focus, which deals with nutritional and business matters.

One market where SMA is on its own is with ready to feed milks (RTF). It is a market that has not really justified its early potential, says Mr Kelly.

Original consumer research suggested the uptake should have been higher. Price is an inhibiting factor, and the product came onto the market just as the recession started to bite.

The COMA report has brought benefits to the milks business.

"From our point of view COMA has recognised many of the things we have been saying and expanded our market potential." The average length of use for formula is 9-10 months at present, so there is still some growth to come.

Direct mail forms a large and increasing part of the promotional programme of all the major players in the baby food market.

Computerized mailing lists and a tightly defined target audience make it an efficient and economical way of putting literature and product samples right into the user's lap.

Bounty recognised this years ago and has made a successful business of it. Its packs should, in theory, reach each mother at least twice during pregnancy and her infant's first year.

Heinz will be spending £2.5 million on direct marketing this year, and claim to reach 80 per

The Infant Formula and Follow-on Regulations 1995 recognise pharmacists as independent persons qualified to give advice on the use of infant formulas. To ensure they have the most up to date information on both breast feeding and baby milks, the National Pharmaceutical Association mailed an informative handbook to all members in February. 'Breast and Baby milk — a handbook for pharmacists' is a 32 page A4 publication written with assistance from the nutrition team at IJ Heinz/Farleys. "This is an important addition to our training materials, and as such is much more than just a round-up of the latest information on baby milks," says Ailsa Benson, the NPA's head of training.

cent of all mothers with babies under a year.

Milupa expects to target an estimated 360,000 pregnant, new and weaning mothers in 1995. Its operation typifies the general approach. In promotional terms the company's major investment is in direct mail, according to sales manager Jane Mayall.

The primary route of recruitment is via a glossy magazine 'Babytalk', inserted in Bounty mother-to-be bags. Available through Mothercare, the bag is picked up by 70 per cent of all pregnant women. The recruitment card in the magazine is returned by a staggering 50 per cent of all mothers.

Three mailings then follow Babytalk Too at birth, product samples and a weaning guide at three to four months, and junior food and follow-on milk samples at six months.

Cow & Gate has 150,000 mothers on the books at present for its 'In Touch' programme. They are also sent a staged series of mailings, two before the baby is born and three afterwards, with a mix of educational material and product samples.

However, the company seeks a balance between its brand campaign on television, press advertising and direct mail, according to sales director Ian Thomas.

And rather than recruiting all mothers, Cow & Gate wants to get a better focus on first time mothers.

It is worth pointing out that manufacturers are not allowed to sample infant formulae. There are strict rules as to how baby milks can be detailed.

Follow-on milks are treated more as foods, though, and the rules relaxed.

## New rules with labels

New food labelling regulations which came into force in March mean the nutritional information given on packs, and the way it is laid out, now has to conform to standard European formats.

Babyfood manufacturers have largely anticipated the new regulations, which allow manufacturers to use two standard formats giving either basic or more detailed information.

All labels giving nutritional information must state levels of energy, protein, carbohydrate and fat per 100g. No other information *has* to be given, unless a specific claim is made ('low in sugar' for example).

After October 5 any company making claims about sugars, saturated fats, fibre or sodium levels will have to give full nutritional information using the detailed format.

Under the new rules, when the full standard format is used, total sugar levels — naturally occurring sugars as well as added sugar — must be shown. A disadvantage here is that parents will be unable to tell how much is 'added sugar' and how much comes naturally.

● An A4 detail aid outlining the changes in the regulations is available from Milupa.





**Sudocrem is proud to accept  
the Mother & Baby Gold Award  
for Product Excellence\***

**\*Toiletries and Skincare cat**

**Sudocrem Antiseptic Healing Cream Product information. Presentation:** A white emulsified cream containing as active ingredients Zinc Oxide Ph Eur 15.25%, Lanolin (Hypo-allergenic) 4%, Benzyl Benzoate BP 1.01%, Benzyl Alcohol BP 0.39%, Benzyl Cinnamate 0.15%. **Uses:** In the treatment of napkin rash, bedsores, minor burns, eczema, acne, chilblains, surface wounds and sunburn. **Dosage and administration:** To be applied in a thin layer over the affected area with suitable covering, where

necessary. Renew application as required. **Contra-indications:** None. **Warnings:** Keep out of the eyes. **Legal Category:** GSL. **Retail price ex. VAT:** 60g £1.10, 125g £1.83, 250g £3.27, 400g £4.77. **Further information:** Nil. **Product Licence Holder and Number:** Tosara Products Ltd. 3430/0001. Sudocrem and Tosara are registered trade marks. Revised April 1994. Pharmax Healthcare, Bourne Road, Bexley, Kent, DA5 1NX